



# growing up healthy

A guidebook for new families

# Important Phone Numbers

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Healthcare Provider or Clinic Name:

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Phone Number:

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*If you change healthcare providers, write your new healthcare provider's name here:*

Healthcare Provider or Clinic Name:

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Phone Number:

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Healthcare Provider or Clinic Name:

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Phone Number:

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Pharmacy:

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Family member or friend to call in case of an emergency:

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Emergency	911	
Poison Control	1-800-222-1222	
The Children's Integrated Services Program	1-800-649-HELP (649-4357)	<a href="http://www.CDDvt.org">www.CDDvt.org</a>
Information Referral Services	211 (or 1-866-652-46361 from a cell phone)	<a href="http://www.vermont211.org">www.vermont211.org</a>
SIDS Information	1-800-464-4343	
Child Development Division	1-800-649-2642	<a href="http://www.CDDvt.org">www.CDDvt.org</a>

Police:

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Fire:

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The **Child Development Division** (CDD) of the Vermont Department for Children & Families is the state agency responsible for improving the well-being of Vermont's children by ensuring that safe, accessible, and quality child development services are available for every child. Through CDD, parents and families have access to a range of services to support the needs of pregnant women and young children. The Children's Integrated Services Program is a prevention and early intervention service of the Child Development Division.

A healthy pregnancy and the first years of life for your child are the building blocks for a future of good health.

New parents have lots of questions. This book will help answer your questions and help you set your child on the path to growing up healthy.

*Growing Up Healthy* is a workbook and information resource for you to use as you follow the development of your child from birth to five years of age. Your knowledge of your child's needs and personality is valuable information. As you care for your child, your concerns and recommendations will be important to share with your health care providers.

Use this book to write in your own record of your child's development, immunizations, and visits to health care providers. Be sure to bring the book with you to your child's health care provider visits to share your comments as well as write in new information.

The Vermont Department of Health designed the book with the generous support of the Commonwealth Fund, New York, NY. Vermont is a "Touchpoints site." Many multi-disciplinary health care, child care and early education providers throughout the state have been trained in the Touchpoints model created by Dr. T. Berry Brazelton and faculty at the Brazelton Touchpoints Center in Boston, MA. Material was also adapted from publications of the Massachusetts Department of Health and the New Hampshire Department of Health, as well as Health Screening Recommendations for Children and Adolescents from the Office of Vermont Health Access and the EPSDT Program.



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Welcome to the World

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# Welcome to the World

## Your Amazing Newborn

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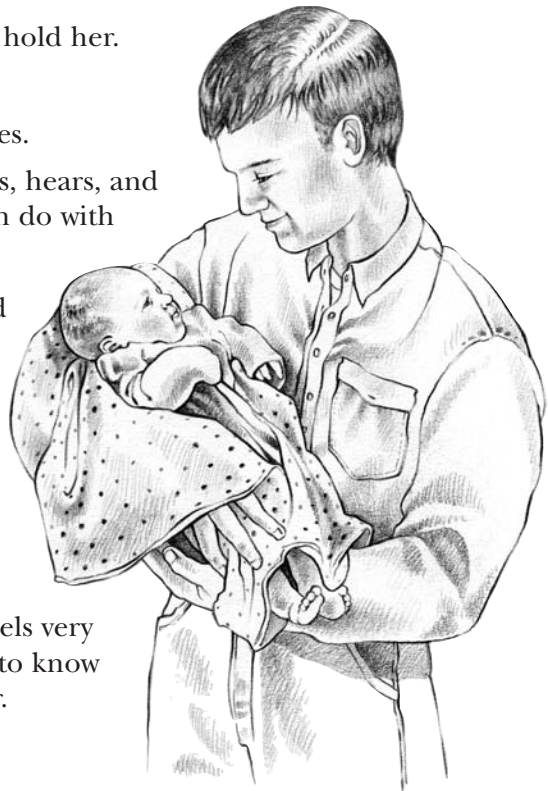
Congratulations on the birth of your new baby! When your baby is born, there is so much she can do. A newborn can:

- See your face clearly when you hold her.
- Look into your eyes.
- Tell your voice from other voices.

At birth, your baby sees, feels, smells, hears, and tastes. Here are some things you can do with your baby:

- Gently touch your baby — hold her next to your skin.
- Make eye contact — your baby loves to look at your face.
- Talk softly to your baby while you look into her eyes. Your baby will quiet to listen.

Your baby already knows you and feels very connected to you. Take time to get to know each other. Enjoy this time together.







# What You May Expect After Your Baby Is Born

## At the Hospital With Your New Baby

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While you are in the hospital, the nurses will help you with your questions about baby care. They can show you how to bathe and diaper your baby, and help you get started with feeding your baby.

Do not be afraid to ask questions — this is a learning time for you and your baby. It will take time for you to get to know your baby. Try to limit visitors so you can rest and spend time together. Ask about parenting classes in your community and places to borrow videos on new baby care.

Your stay in the hospital may be short. You and your health care provider will decide when it is okay for you and your baby to go home. Ask if you are eligible for a home visit from a nurse after you leave the hospital. Some insurance companies will pay for this.

You will need a car seat for the ride home. Have the car seat checked at a Vermont car seat fitting station before your baby is born. Your baby should be dressed in lightweight, well-fitting clothes. Blankets can be added after the baby is harnessed in the seat. For more information, call 1-888-VMT-SEAT (1-888-868-7328) or [www.BeSeatSmart.org](http://www.BeSeatSmart.org).

## Can We Know What to Expect After Childbirth?

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When your baby is born, it is a time of delight, wonder, and love but also a time of intense transition and stress for most parents. For new moms the hormonal shifts that occur at this time can greatly affect emotional changes that may vary from mild to severe. If you or your family feel that you need additional psychological care, your health care provider can refer you to a professional who understands the emotional side of the postpartum experience.



## What is a Health Care Provider?

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Your health care provider may be a:

**Pediatrician:** a doctor who cares for infants, children and adolescents.

**Family Physician:** a doctor who cares for people of all ages.

**Nurse Practitioner:** a nurse with specialized training who provides primary care.

**Physician Assistant:** an individual who provides primary care under the supervision of a physician.

Your health care provider will:

- Welcome your concerns and recommendations about your child's well being.
- Be concerned about your family's adjustment to your new baby.
- Provide regular check-ups, immunizations, and tests.
- Follow the progress of your child's growth and development.
- Give you suggestions for keeping your child healthy.
- Diagnose and treat your child when he is sick.
- Refer you to specialists and community services.
- Refer you to behavioral or developmental specialists or educators.

## The Premature Baby

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If your baby was born three or more weeks before your due date, your baby may need to be cared for in a special nursery. Babies born early or small may behave differently than full term babies in the early weeks. At first, they may be more sensitive to noise, bright lights and lots of movement. Even though your baby is small, she can let you know when she needs to rest. She may hiccup, yawn, spit up, arch her back, fuss or cry. As her body matures, she will be able to handle more. Premature and small babies may need to be fed more often than other babies. They need extra help to stay warm, too. Rather than keeping the room overly warm, use several layers of clothes, so that your baby will not get too warm or cold.

Many premature babies develop at a slower rate than full-term babies who were born at the same time. Often, their development is on track for their adjusted age (the age they would be if they were born on their due date). Talk to your health care provider about how to care for your baby and make sure she is growing well. If you have any questions or concerns about your baby's development, you or your health care provider can call the Family, Infant and Toddler Program (FITP) of Vermont at Parent to Parent, **1-800-870-6758, 1-(802)-241-3602, or [www.CDDvt.org](http://www.CDDvt.org)**. FITP can provide a free developmental evaluation for your baby.

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### Check out these resources for more information:

*Newborn Intensive Care: What Every Parent Needs To Know* Jeanette Zaichkin

*The Premature Baby Book: A Parent's Guide To Coping And Caring In The First Years* Helen Harrison, Ann Kositsky

*Preemies – The Essential Guide for Parents of Premature Babies* Dana Wechsler Linden, Emma Trenti Paroli, and Mia Wechsler Doron, MD



## Your Baby's First Exam

During the first 24 hours after birth, a doctor or nurse will do a physical exam. You can watch. They will:

- Weigh and measure your baby
- Listen to your baby's heart
- Check your baby's body and reflexes
- Check for jaundice

Before discharge from the hospital, a sample of your baby's blood will be taken to check for several genetic diseases. Your baby's health care provider will be notified of the results in a few weeks. Your baby may also get the first hepatitis B immunization. If your baby does not receive the shot at birth, it will be given at a later visit. You will get an immunization record. You may want to keep this record in the pocket on the inside back cover of this book. All the baby's immunizations will be recorded on it. Bring this record to every health care visit. It is very important. Your child will need it for child care, school, and camp.

Before discharge from the hospital, your health care provider will also test your baby's hearing. Hearing is very important for your baby's speech and language as well as overall development. It is important to detect any difficulties with hearing as early as possible.

### Talking With Your Health Care Provider

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Your child's health care provider will talk with you about what your baby needs: feeding, caring for the belly button, car seat safety and what position your baby should sleep in. This is a time to ask your questions. No question is silly or dumb. If you do not understand something, ask them to explain it

to you. Writing down your questions may help you remember. Your health care provider will not know that you have a question unless you ask it. You may have questions about infant health care that come up in between visits to your doctor. Many doctor's offices have nurses that are available to answer your questions over the telephone. Check with your doctor's office to see if this is a service that they offer.

### **Your health care provider may talk with you about:**

- ☐ Deciding whether you want to circumcise your baby boy.
- ☐ How newborns sleep and how to place your baby to sleep.
- ☐ When and how to call your health care provider.
- ☐ How to tell if your baby is getting enough to eat.
- ☐ Getting help at home.
- ☐ Keeping baby's environment smoke-free.
- ☐ Never placing a baby's safety seat in front of an air bag.



### **Questions some parents ask:**

- ☐ How many wet diapers should I expect each day?
- ☐ Does my baby need water?
- ☐ How often should I feed my baby?
- ☐ Your questions:

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### My Baby's First Exam

Date of visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ - \_\_\_\_  
month day year health care provider

My child's age: \_\_\_\_\_ days or weeks

Birth Weight: \_\_\_\_ pounds \_\_\_\_ ounces

Discharge weight: \_\_\_\_ pounds \_\_\_\_ ounces

Length: \_\_\_\_ inches

Head size: \_\_\_\_ inches

Immunizations my baby got today: \_\_\_\_\_

Things to remember about this visit:

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***Remember to schedule your baby's first well-child visit. It will be sometime in the first weeks after birth.***

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Health care provider's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (            ) \_\_\_\_\_



# Health Care Coverage

## Paying For Health Care

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Sometimes your choice of health care provider is limited by your health insurance plan. Well-child visits may or may not be covered. If you have insurance, call the phone number on your insurance card to find out:

- If your child is covered. Typically, employers allow a limited number of days to enroll a newborn on the plan.
- What services are covered.
- Which health care providers you can go to.

Be sure to let the insurance company know that you are expecting a baby. That way, your child will be covered by your health insurance policy at birth. If your child is not covered or you have no health insurance, you may be able to get free or reduced-fee health care through Vermont's Dr. Dynasaur program.

## Dr. Dynasaur/Medicaid Coverage

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Dr. Dynasaur or Medicaid is available for children under 18 and pregnant and postpartum women.

Benefits include:

- Well-child check-ups and immunizations
- Doctor and other provider visits
- Dental care
- Vision care
- Hospital care
- Prescription medicines
- Physical and speech therapy
- Mental health care

### Eligibility:

You may qualify for Dr. Dynasaur or Medicaid even if you have a job or have other health insurance.

Eligibility is based on your income.

To apply for Dr. Dynasaur or Medicaid, call **1-800-250-8427**. They will answer as “Vermont Health Access Member Services.” You can also check [www.dsw.state.vt.us/programs\\_pages/healthcare/drdynasaur.htm](http://www.dsw.state.vt.us/programs_pages/healthcare/drdynasaur.htm).



## Getting the Most Out of Your Health Insurance

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It is very important that you understand how your plan works before you seek services. If you have questions about your plan and its benefits, call the member services department or your health care provider's business office. There are a variety of services available for parents to help with infant nutrition, finding child care, accessing parent education classes and more.

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### Want more information?

- To find out about services like Medicaid, Welcome Baby, and The Children's Integrated Services Program, call **1-800-660-4427** (Burlington office of Children with Special Health Needs) or check out **[www.CDDvt.org](http://www.CDDvt.org)**.
- For questions about information given to you by your insurance company, call the Vermont Division of Health Care Administration at **1-800-631-7788** or **1-(802) 828-2900**.
- Vermont WIC, the Special Supplemental Nutrition Program for Women, Infants and Children, is a federally sponsored effort to enhance the health of infants, young children, pregnant women and new mothers. Its goal is to improve health by teaching families about good nutritional practices and providing nutritious foods to eligible Vermonters. For more info call **1-800-464-4343** or visit [www.healthvermont.gov/family/wic/wic\\_vt.aspx](http://www.healthvermont.gov/family/wic/wic_vt.aspx).
- The Child Development Division (CDD) is the state agency responsible for improving the well-being of Vermont's children by ensuring that safe, accessible, and quality child care services are available for every child. Through CDD parents and families have access to a range of services to support the needs of pregnant women and young children. The Children's Integrated Services Program is a prevention and early intervention service of the Child Development Division. For more information call **1-800-649-2642** or visit **[www.CDDvt.org](http://www.CDDvt.org)**.



# Your New Baby

In this chapter, you will find information on how to care for your new infant. Some of the information may be different from the way a friend or family member cared for their baby — or even from the way you cared for another child. That is because we are always learning about new ways to make babies safe and comfortable.

## Caring For Your Newborn

Learning to care for each child takes time. You will learn by experience, and you can get ideas from other parents. But what works for some babies may not work for yours. As you try things out, let the baby tell you if you are on the right track. You and your baby will learn together. Soon you will understand what your baby needs by your baby's behavior. If you have a question, call your health care provider for help. They have seen lots of babies and may have suggestions.

## Holding Your Baby

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Babies feel safe and loved when parents hold them close. Your baby will not be able to support her head for a couple of months. Here are some ways you can hold her and offer good head support.

- Hold your baby in front of you, with her body leaning on yours. Put one hand under her bottom and the other hand across her back. You can also hold your baby about 10 inches away in front of you so she can look at you. Be sure to support her head.
- Hold your baby in one arm, with your hand under her bottom, and your arm and elbow supporting her back and head.
- Hold your baby on your shoulder, with one hand around her bottom, the other behind her head and neck.

## Bathing and Dressing

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For the first couple of weeks, give your baby sponge baths. Wash your baby on a firm, flat surface such as a changing table or a counter with a towel on it. Keep your baby warm by covering the parts of his body you are not washing. Babies may not need to be bathed every day — once or twice a week may be enough.

After the umbilical cord falls off and his belly button heals, your baby can have a bath in a sink or small tub. Put a washcloth in the tub and have your baby's bottom rest on it.

Some babies get upset when put in water. To help your baby relax, lower him into the water slowly. Hold him firmly with your arm around the back of his neck and shoulders so he feels safe. Talk to him with a gentle voice and smile at him. If he continues to be upset, you may need to go back to a sponge bath. Try again in a week or two.



## Safety Tips:

- NEVER leave your baby alone, even for a minute. A baby can drown quickly in very little water.
- Hold your baby securely — wet babies are slippery!
- Babies get burned easily. Make sure the bath water is not too hot or too cold. Test it on the inside of your wrist or use a bath thermometer. Be sure that the hot water heater in your home is set at 120°F or less.

### To Give Your Baby a Sponge Bath or a Bath in the Tub:

- Have all your bath supplies ready before you begin.
  - Soft, clean washcloth
  - Towels
  - Gentle soap and shampoo
  - Clean clothes
  - Fresh cotton balls
  - A clean diaper
- For tub baths, run about 2 inches of water into the tub.
- Always support your baby's head and body while bathing (especially in a tub).
- Begin with the eyes. Use a cotton ball or corner of a soft washcloth soaked in warm water and no soap. Gently wash around his eyes, wiping from the nose outward.
- Use a washcloth without soap to clean his face. Wipe around the outside of his ears, but not inside.
- Clean his neck, chest, arms, and legs with a gentle soap. Be sure to wash under his arms and between folds of his skin.
- Clean his genitals and bottom last.
- Dry your baby gently with a clean towel.
- Shampoo once or twice a week, using a gentle soap or baby shampoo. Rinse well. Keep shampoo out of his eyes.

## Dressing Your Baby

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- Talking and singing gently can help to calm a fussy baby.
- Use clothes that are easy to put on and take off. Clothes with wide neck openings, snap closings, and stretch or knit fabrics are good choices. Open the neck wide before pulling it over his head. Then reach through each sleeve, and gently pull his hands through.
- Dress your baby as warmly as you are dressed — then add one more layer. Cover your baby's head with a hat when you take your baby outside. In the winter, babies lose most of their body heat from their head. In the summer, a hat protects your baby from the sun.

## Diapering

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Changing your baby's diaper often is the best way to avoid rashes. Your baby will need a new diaper after every bowel movement, and may need one before or after every feeding. This can mean eight or more changes a day. Parents can choose disposable or cloth diapers. Some children have an allergic reaction to disposable diapers, or to the soaps used to wash cloth diapers. If your child has a reaction, try another brand or type of diaper, or different soap.

### Some Tips for Changing Diapers:

1. Wash your hands and have all your supplies ready:
  - a clean diaper and a soft, clean, wet cloth.
  - a change of clothes if she has wet through her diaper.
  - diaper rash cream if she has a rash.
2. Always keep a hand on your baby.
3. Take off the old diaper and set aside diaper pins if using a cloth diaper.
4. Clean your baby: Girls should be cleaned from the front to the back to avoid spreading germs. Do not pull back the foreskin of a boy who is not circumcised.
5. Dry your baby well.
6. Apply diaper rash cream if needed, before putting on the clean diaper.
7. Rinse used cloth diapers and place in a diaper pail with a lid.
8. Wash your hands with soap and water when you are finished.

### Diaper Rash

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Most babies get diaper rash at one time or another.

- Wash the area using gentle soap and water, instead of wipes.
- Dry the area thoroughly.
- Use a diaper rash cream directly on the rash area.
- Change diapers frequently.

If the rash does not get better in a few days, call your doctor.

## Cord Care

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The cord usually falls off between one and three weeks after birth. Talk with your health care provider about cord care. To prevent infection:

- Keep the cord clean and dry.
- Fold the front of the diaper down below the cord.
- If the area around the cord looks red, irritated, oozes or has a bad odor, call your doctor.

## Jaundice

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Over half of normal, healthy infants develop a yellowish tinge to their skin. This is called “physiologic jaundice”. It may occur in the first few days of life and is caused by excess bilirubin in the blood. As bilirubin levels rise above normal, jaundice appears first on the face, then the chest, abdomen and legs. The jaundice may fade after a few days without treatment.

If the bilirubin level is extremely high, it may affect the developing nervous system. Your health care provider may order blood tests and may recommend treatment with phototherapy.

Breastfeeding sometimes interferes with the body’s ability to break down the bilirubin. If your baby is jaundiced before leaving the hospital, be sure to make a plan with your health care provider before going home.

## Circumcision Care

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If your baby has been circumcised, his penis may be red or sore. Put a little ointment on a gauze pad and wrap it around his penis. Change the gauze pad each time you change the diaper for the first 24 hours. After that, place a small amount of ointment in the diaper where it will rest against the penis. After five or six days, when all the redness is gone and it appears healed, stop using the ointment. It may take one to two weeks to heal. If you notice any bleeding, smelly discharge or if the baby has not urinated you should call your health care provider.

## Sleeping

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The safest way for your baby to sleep is on his or her back. If your baby is premature or sick, ask your health care provider about the best sleeping position. Keep the room temperature where your baby sleeps the same as the rest of your home.

Newborns sleep from 12 to 20 hours a day. Each baby's sleeping pattern is different. Your baby may take many short naps or a few long ones, or sleep more during the day than at night. It may take some time for your baby's sleeping pattern to become regular.

Parents who are too tired cannot care for their children well. Try to sleep when your baby does. To help your baby sleep at night, you may need to keep daytime naps short.

## Bedsharing

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Bedsharing is defined as an infant sleeping on the same surface with another person(s). There are many cultural practices around bedtime routines and sleeping, therefore it is very important as a parent to be informed about the risks of bedsharing with your baby. Bedsharing can be unsafe when compared to an infant sleeping in a crib. This is due to an increased risk of entrapment and suffocation. This risk is even greater when a baby is in bed with a sleeping adult who is excessively tired, overweight or impaired by alcohol or drugs (including cigarettes), which may interfere with the parent or caretaker's ability to wake themselves.

Babies should not sleep in the same bed as other children or adults. The American Academy of Pediatrics recommends that babies may be brought into bed for nursing or comforting, but should be returned to their own crib or a baby-safe bed placed next to yours when they are ready for sleep.



## **Sudden Infant Death Syndrome (SIDS) or Sudden Unexplained Death of an Infant (SUDI)**

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SIDS/SUDI is the unexplained death of a healthy baby. It happens most often to infants between 1 and 4 months old but can occur in infants up to 1 year of age. Many parents are fearful that their baby may stop breathing in the middle of the night. The following steps may help reduce the risk of SIDS and help your baby and you rest more comfortably.

- Put your baby to sleep on his or her back.
- Talk with everyone who cares for your baby, including child care providers, babysitters, family and friends about placing your baby on his back to sleep. Babies who are used to back sleeping and then put on their tummy to sleep are 6-9 times more likely to die of SIDS.
- Dress your baby in light clothes for sleep.
- Set the room temperature so it is comfortable for a lightly clothed adult.
- Use a firm, flat mattress in a safety-approved crib for sleep. Do not place your baby on soft materials, sheep skins, a waterbed or other surface designed for adult sleeping.
- Use one light cover tucked in at the bottom and sides of the crib - not near his head. Remove all pillows, bumpers, wedges, comforters, or toys from the crib.
- Infants should not be placed on a couch, recliner, cushioned chair or car seat to sleep.
- Never let a baby fall asleep in a bed or chair with someone who is smoking, is tired or ill, has taken medications that cause drowsiness, or is extremely overweight.
- Keep your baby's environment smoke-free at home, in a car, or anywhere.

- Tummy time is play time. Do put your baby on his tummy while he is awake and someone is watching him. This helps him develop normally.
- For more information, call the VT SIDS Program at 1-800-464-4343  
American Academy of Pediatrics: <http://www.aappolicy.org>.  
Healthy Child Care America: <http://www.healthychildcare.org>  
Healthy Kids, Healthy Care: <http://www.healthykids.us>.

## Immunizations

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Vaccines are an important part of your child's health. It is best to immunize your baby right from birth and follow the recommended schedule. Vaccines are usually free or low cost and given during a well child visit to your pediatric health care provider. See information about childhood vaccines and the immunization schedule on pages 49 -51.



## Feeding Your Newborn

Make sure to feed your baby on demand. This means as much and as often as your baby wants.

Watch your baby for hunger cues. These cues include eye movements (even when eyes are closed), sucking movements of the lips or sticking out the tongue, sucking on hands or fingers, or small sounds. Crying is a late hunger sign. It is better to feed your baby at early signs of hunger than to wait until the baby is crying and upset.

Newborns have tiny stomachs and need small meals many times each day – usually 8-12 feedings or more a day. Don't worry – even if your baby wants to eat every hour at first, she will soon eat more at each feeding and go longer between meals.

### Breastfeeding

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Breastfeeding is the natural way to feed your baby, but it doesn't always "come naturally". Babies and mothers must learn how to breastfeed, and no one expects you to be an expert from the start. It is normal to need some help in the beginning, especially if you don't have family or friends experienced with breastfeeding. Call your baby's doctor, the hospital nurses where the baby was born, your local WIC office or La Leche ("lay-chay") League at **1-800-LA-LECHE (1-800-525-3243)**. Or check the list of up-to-date resources at [www.breastfeedvermont.info](http://www.breastfeedvermont.info).

### What to expect in the beginning:

For the first two to three days your body makes colostrum, which is a special milk that is perfect for newborns. Sometime between day three and five, the amount of milk you make will increase a lot. Your breasts will feel full and heavy. Feeding your baby often is the best way to manage any discomfort, called “engorgement”. In the beginning, it may feel like all you do is feed your baby. Once she gets older, she will be stronger, feed faster and go longer between feedings.

### Getting Started-Positions and Latch-On

How the baby is positioned and latches onto the breast are key to the prevention of sore nipples and the start of a successful breastfeeding experience. The most important thing is that your baby approach the nipple correctly for a good latch. If your breasts still feel full when your baby feeds, or if you have any pain or pinching, call someone to help you and your baby with latching on. A good latch right from the start keeps breastfeeding comfortable.

## Positions

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Sit in a comfortable position with your back well supported. A pillow in your lap will help support your arms as you hold your baby. Position your baby so her nose is opposite your nipple, with her body where she can reach your nipple without turning her head. Your baby's belly will be pressed in against your chest or belly. Starting "nose-to-nipple" means that your baby needs to tip her head back to reach your nipple. This helps her open her mouth wide to get a good latch.

Different breastfeeding positions will use different muscles and help to keep you from getting tired. Lying down to nurse takes some practice, but will also help you rest.

**Cross-cradle hold** – This is used often with newborns. It lets you guide your baby to the breast while keeping the other hand free to hold the breast or to keep the baby's hands out of the way. The baby's body wraps around your body, with the arm holding the baby bringing the baby across to the opposite breast. The same-side hand is free.

**Clutch hold** — The baby's bottom is near your elbow, with back resting on your arm, holding the head in your hand. With this hand, your baby is brought to the same-side breast and most of her body is to your side or behind you.

**Side-lying** — Mother and baby lie on their sides facing each other with your baby's belly snuggled in close to yours. A pillow supporting your back can help you relax.

**Cradle hold** — Used most often with older babies who can latch on themselves. Rest the baby's head in the inside of your arm and turn the baby so her tummy is against your chest.

## Breastfeeding Positions



Cross-cradle hold



Clutch hold



Side-lying hold



Cradle hold

## Latch-On

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- Discomfort or pain while breastfeeding usually means the infant is not latching on properly. A poor latch results in feedings that last a long time and short times in-between feedings.
- Position your baby so that your nipple is close to your baby's nose. When she smells your milk, it starts the "rooting reflex". Your baby will move her head to find your nipple. When she locates the nipple, she will open her mouth wide to latch on. When her lips are open wide, bring her body in close so she takes as much breast into her mouth as possible. You may or may not need to hold your breast.

### Other Tips:

- Aim your nipple towards the roof of her mouth and as far back as possible.
- Wait for your baby to open wide before bringing her in close. Don't let her slurp onto your nipple – this can be very painful!
- Avoid pressing on the back of your baby's head. You can support your baby's head just fine at the base of the skull or up high on the neck. Pressing on the back of the head can cause a baby to press back against your hand, leading to a shallow latch on just the tip of your nipple – ouch!

### Signs of a good latch are:

- Baby has a big mouthful of breast - all of your nipple and at least 1 inch of areola are in baby's mouth.
- Feeling a gentle tug at the nipple, but no pain after the first few seconds.
- Lips are flanged out (fish lips). You can sometimes flip the lips out if your baby latches on with one lip rolled in.
- Tongue is over the lower gum. You shouldn't feel your baby's gums on your breast.
- Baby stays on the breast and doesn't slip off. Keep your baby's body snuggled in close through the whole feeding until you both have the hang of things.

Give the baby breathing space. If her nose is pressed against your breast, pull her legs back in towards you to tilt her head back slightly. Pressing on the breast to give the baby breathing space can block the flow of milk or break the suction.

## How Often and How Much

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- Plan to breastfeed as soon after birth as possible. Hospital delivery staff can be ready to help you with breastfeeding right away.
- Newborns need to be fed eight to 12 times in a 24-hour period.
- Newborns may cluster some feedings closer together than others. The baby may feed at 7, 8, and 8:40 AM and again at 10:00 AM, then sleep for four or five hours.
- Some newborns have one four to five hour sleep period each 24 hours. This doesn't necessarily happen at night.
- Babies can take up to 30 minutes to nurse.
- Nurse until baby seems to lose interest in the breast and turns away or becomes sleepy and stops sucking. If your baby seems to want more after letting go of the first side, offer her the second side. If she seems fussy after finishing the second side, she may just need to be burped.
- Burp the baby. If the baby nurses on the second breast, burp again.
- Don't worry if the baby won't feed on the second breast after feeding well on the first. Start with the second breast at the next feeding. Remind yourself what breast to start on by placing a safety pin or ribbon in your bra strap on that side. Some babies feed on both sides every feed, and other babies feed on one side only. Both are normal, and every mother and baby are different. You will learn to recognize the signs when your baby has had enough.
- If you need to take your baby off of the breast before he is finished nursing, break the suction by putting your finger into the corner of the baby's mouth or by tugging gently on his chin. This will prevent damage to breast tissue.





## Feeding Tip

Avoid using a pacifier or bottle until you feel your baby is feeding easily and well and you feel you have a good milk supply. Pacifiers and bottles can confuse your baby while he is still learning to breastfeed. (However, there are a few cases in which a baby is premature or ill when the health care provider will recommend a pacifier for a time.) Feeding your healthy newborn formula or water may also prevent you from establishing a good milk supply.

## How Will I Know if My Baby Is Getting Enough Breast Milk?

The number of wet and soiled diapers is the most important sign that your baby is getting enough breast milk. From the first day after birth to the seventh day, you should look for your baby to have at least the following number of soiled and wet diapers:

Day	Wet Diapers	Soiled Diapers
One	1	1
Two	2	2
Three	3	2
Four	4	3
Five	5	3
Six	6	4
Seven	6 - 8	4 - 12

### Other ways to know your baby is getting enough:

- Breastfeeds at least eight to 12 times every 24-hours.
- Finishes the first breast before you offer the other.
- You have a happy baby after breastfeeding (not in need of a pacifier).

### Swallowing signs:

- You hear the swallow (usually after every one to three sucks).
- You feel a vibration on the back of her head.
- You see your baby's throat move.
- You see or feel your areola drawn into her mouth as her jaw drops.

### Signs baby is getting enough AFTER the first week:

For the first week, refer to the signs your baby is getting enough milk listed above. After the first week:

- Six wet diapers and two to five bowel movements a day.
- After six weeks, counting bowel movements will provide less information. After this time, some breastfed babies may go five to seven days without a bowel movement and then have a very large one. Others continue to have two to five stools a day for as long as they are fed only with breast milk. For more information see “bowel movements” in the infant care section.
- Follow your baby's weight gain through visits to your health care provider. Babies may lose up to 10 percent of their birth weight, but should be back at least to birth weight by two to three weeks. Typical weight gain, measured from your baby's lowest weight before regaining birth weight, is about 4 to 8 ounces per week in the first three to four months.
- Look for your baby's cheeks to fill out and for her to fit more snugly in her clothes.

## Signs of Trouble

- Some mothers and babies need a little extra help when starting to breastfeed. Call one of the breastfeeding helpers listed at the beginning of this section if you notice any of the trouble signs listed below. You will have a better chance of fixing the problem if you get help right away.
- Your baby isn't having the number of wet and poopy diapers listed in the chart.
- Your baby seems fussy and hungry after feeding.
- Your baby falls asleep at the breast then wakes up and wants to feed again as soon as you put him down.
- You have pain in your nipples or breasts.
- Your baby is not back to her birthweight by two weeks.
- Your baby takes more than 30 minutes to feed (occasional long feeds are normal).
- Your baby sleeps longer than 4 hours between feeds most of the time, or is hard to wake up to feed.

## A Note on Bottles

Breastfeeding does not need to be “all-or-nothing”. Many mothers successfully combine breastfeeding with occasional bottles of formula. Wait until breastfeeding is easy and comfortable for you before starting bottles. If you start bottles too early, your baby may prefer them (it's easier for her), and your milk supply may decrease too quickly. When bottles are used without pumping or emptying your breasts, your milk supply will go down.

Once breastfeeding is well established, most moms find it easier to nurse than to mix a bottle. An occasional bottle does not mean you have to stop breastfeeding. Feeding bottles of expressed breastmilk when you need to be apart from your baby is addressed in a later section.

## Eating Right For Breastfeeding

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You don't need to eat or avoid particular foods while breastfeeding. Eat a variety of foods from the food guide pyramid, which includes dairy, protein, fruits, vegetables, breads, and grains. Drink according to your thirst — water, seltzer, low-fat milk and juice are excellent choices. Some foods may bother your baby while other babies aren't bothered by what their mother eats. If you are on a restricted diet, ask your doctor if you need to make any changes in what you eat.

## Healthy Habits

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Just about everything you take into your body will pass into your breast milk in small amounts. But that doesn't mean that if you need to take a medication, occasionally drink alcohol or caffeine or smoke cigarettes, you can't breastfeed. If you need medication, tell your doctor you're breastfeeding — she can easily find one that won't harm your baby or your milk supply. If you can't quit smoking, cut down and keep all cigarette smoke away from your baby. The effect of alcohol on your baby is related to how much you drink, so limit yourself to one or two drinks. Street drugs are a different story. If you use marijuana, cocaine or any other street drugs, you shouldn't breastfeed. You also shouldn't breastfeed if you are HIV positive.

If you think you have been exposed to lead or lead dust, contact your health care provider. Blood tests can check your blood lead level.

## Prevention and Treatment of Common Breastfeeding Problems

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### Engorgement, Edema and Milk Stasis

Two to three days after delivery, your breasts may become “engorged”. This is caused by an increased flow of blood to the breast, swelling of the tissue and increased collection of milk. This usually only lasts one to two days. Symptoms may include:

- Fullness of the breasts or swollen and uncomfortable breasts.
- Throbbing feeling with the let-down reflex.

### To treat engorgement:

- Nurse frequently and let the baby decide when to end the feeding.
- Wear a supportive bra day and night, but not one that is tight.
- Apply warm compresses or take a warm shower before nursing and try to manually express or pump enough milk to soften the areola so it is easier for baby to latch on. Do not empty the breasts.
- Apply cold compresses after nursing to relieve swelling and discomfort.

## Sore or Cracked Nipples

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### Prevention

- Check for proper positioning and proper latch. If you're not sure about these, call for help from one of the breastfeeding resources. (See page 26).
- If you need to end a feeding before the baby is ready, break the suction before taking your baby off the breast.
- Air dry nipples after each feeding.

### To treat sore or cracked nipples:

- Rub some breast milk onto the nipple and air dry nipples.
- Use “Lansinoh” cream after nursing to soothe sore nipples.
- Nurse on the least sore side first and limit the time nursing on the breast with cracked nipples.
- While the most common reasons for sore or cracked nipples are improper position or latch, there are other reasons this can occur. These include a baby with “tongue-tie” or infection on your nipples, such as a yeast infection. If nipple soreness is getting worse or continues, call your health care provider or another breastfeeding resource.

## Plugged Duct

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A red, sore, hot, tender or hard lump on one area of the breast could be the sign of a plugged milk duct. If not relieved, a plugged duct can turn into an infection of the breast tissue called mastitis.

### To prevent a plugged duct:

- Nurse often.
- Use a different feeding position at each feeding.
- Avoid anything that can block the flow of milk such as a tight bra.

### To treat a plugged duct:

- Apply warm compresses or take a warm shower.
- Massage the breast towards the nipple while nursing.
- Change baby's position with each nursing.
- Try and get extra rest.
- If you experience plugged ducts or engorgement that comes back again and again, find a breastfeeding specialist. This can often be corrected with adjustments to latch, breastfeeding patterns, or dietary supplements.

## Breast Infection or Mastitis

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### Signs include:

- Red, very sore hard area
- Red streaking from the area
- Fever, chills
- Flu-like symptoms

### To prevent and treat mastitis:

Use the same prevention and treatment as for plugged ducts but you must also talk with your health care provider. You may be prescribed an antibiotic. To prevent a flare-up of the mastitis, take all of the medicine.

Mastitis is often a sign that you have been overdoing it. Allow yourself frequent rests, drink plenty of water, and cut back on extra activities.

## Growth Spurts

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These are short periods of very rapid growth for your baby. They may occur once in the first three weeks, possibly as early as seven days old; then around six weeks, twelve weeks, and twelve months. You will notice your baby suddenly wanting to feed more often and he may be fussier than usual. At around 8-12 weeks, your breasts may not feel as full as they used to. If this happens during a growth spurt, many moms worry that their milk has “dried up”. It is extremely rare for milk to dry up all of a sudden.

Your breasts are adjusting to increased demand from your baby. Feeding more often, getting more rest and help with meals and household tasks will increase your milk supply within 24 to 36 hours . Your baby will settle back to nursing less often, you will be making more milk each feeding, and your breasts will be softer and more comfortable.

You may be tempted to give your baby a bottle of formula during a growth spurt. Try to avoid this as it will only further decrease your milk supply. Letting your baby nurse as often as she wants lets your body know to make more milk. It is best to nurse your baby more often to increase the amount of milk your body makes and satisfy your baby.

## When You Must Be Away From Your Baby

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If you will be returning to work or school, plan ahead by talking to your employer or advisor, and your child care provider. You can combine breast and bottle or cup feeding by pumping or expressing breast milk to leave for your baby while you are apart. The basic rule of thumb is to plan to express milk one time for each missed feeding – usually every 3 hours or

so, or three times in a typical nine-hour separation when you are working.

If you participate in the WIC program, you may qualify for a pedal or electric breast pump free of charge. A lot of information on breastfeeding and working is available through the Breastfeeding Friendly Employer website. There is information for mothers, for childcare providers, and for employers. You can find this website at [www.breastfeedvermont.info](http://www.breastfeedvermont.info) or call your local WIC office.

## Infant Nutrition During a Disaster or Emergency<sup>1</sup>

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The American Academy of Pediatrics has published strategies for ensuring that infants continue to receive appropriate nutrition during a disaster. It is important to understand that during a disaster you may not have access to clean water, electricity, and an environment that allows you to provide clean and sterile feeding utensils. The cleanest, safest food for an infant is human milk. Pediatric providers and rescue workers can support women who are currently breastfeeding. For more information about infant nutrition recommendations, ask your health care provider or go to [www.aap.org/breastfeeding/disasters.cfm](http://www.aap.org/breastfeeding/disasters.cfm).

## Environmental Exposures to Chemicals<sup>2</sup>

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Infants and young children are most vulnerable to harmful effects of toxic chemicals due to their rapid growth and development. Ask your baby's health care provider about reducing their risk of exposure.

**Phthalates** are chemicals added to PVC plastic to make it soft, more flexible and last longer. *Phthalates are found in squeeze toys, rattles, pacifiers, teethingers, sippy cups and baby bottles.* Exposures to phthalates are linked to premature birth and birth defects, and may interfere with normal development of the fetus, hormone functioning, early onset of puberty, allergies, asthma and cancer.

1. American Academy of Pediatrics. (2007). Infant Nutrition During a Disaster: Breastfeeding and Other Options

2. For more information: [www.environmentcalifornia.org](http://www.environmentcalifornia.org) or [www.ourstolenfuture.org](http://www.ourstolenfuture.org).



**Bisphenol A (BPA)** is a synthetic estrogen hormone used to make hard polycarbonate (PC/PVC) plastic. *PC plastic is commonly found in items such as baby bottles, reusable water bottles, sippy cups, and microwaveable plastic containers.* Exposure to low doses of BPA are linked with disrupted fetal development, miscarriage, and normal functioning of hormonal and immune systems. BPA can also cause hyperactivity and increased aggression, and lead to learning difficulties, early puberty, obesity and diabetes.

## Bottle Feeding

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### What Kind of Formula?

Your baby's doctor will tell you what kind of formula to use. Formula comes in three forms:

- 1. Ready-to-feed** – easy to use, also most expensive. Never dilute ready-to-feed formula. Babies depend on all the nutrients and calories provided with the correct dilution.
- 2. Concentrate** – requires preparation. Less expensive than ready-to-feed.
- 3. Powder** – requires preparation, least expensive and lightweight. Good for travel. Powdered formula should not be used until your baby is at least 4 weeks old. It is not sterilized in the factory.

## How Often and How Much?

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- Newborns fed formula generally eat every one to three hours around the clock. Your newborn may eat very often over a six to eight hour period, then wait three to four hours to eat again. Some infants eat large amounts and wait two to four hours before eating again. Others want to nibble more frequently.
- Your newborn baby's stomach is small. On the first day, he may take only about 1/2 to 1 ounce. Usually, by the end of the first week he will be taking about 3 to 4 ounces at a feeding. With each feeding, when he slows down and doesn't act eager to drink, try burping him. If he

burps and is no longer eager to drink, stop the feeding. Throw out any leftover formula. Babies allowed to find their own level of fullness when feeding are less likely to be overweight when they grow up. Don't pressure your baby to finish a bottle after they stop feeding.

- Your baby is getting enough formula if he has at least five to six disposable or six to eight wet cloth diapers a day and at least two stools a day.
- If your baby is difficult to wake to feed, especially if he has less than five to six wet diapers a day, call your health care provider.

## Preparing and Storing Formula

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Wash your hands with soap and water before preparing bottles.

Carefully follow the mixing instructions on the package. It is important to read the directions so you mix the right amount of powder and water. If mixed incorrectly, your baby may not get enough nutrients or her kidneys may have to work too hard.

When starting with tap water, let the water run from the tap until cold for a few minutes to flush out any lead that could be in the plumbing.

If you have questions about how to get your water tested, call the Vermont Department of Health at **(802) 863-7335** or **1-800-660-9997**.

## Getting Bottles Ready to Fill

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- All new bottles and nipples (including those that will be used with disposable liners) should be washed and sterilized before the first use.
- Bottles, rings and caps can all be sterilized on the top rack of the dishwasher or in boiling water for five minutes. Do not put nipples in the dishwasher. They should be sterilized in boiling water for five minutes.
- Between feedings, all bottles, nipples, and rings should be washed in hot soapy water using a bottle/nipple brush.

- Be sure to remove all milk, especially in nipples. Push water through the nipple with your finger to unplug holes.
- Use disposable bottle liners only once.
- Check with your baby's health care provider about how long to continue to sterilize bottles and nipples.

## Warming the bottle

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Formula does not need to be warmed but most babies like it that way. To warm the bottle, place in a pan of warm water. Test the temperature of the formula on your wrist or the back of your hand before feeding. NEVER use a microwave oven. This can cause uneven heating and severe burns.

### What kind of bottle should I use?

There are many kinds of bottles to choose from. Start with bottles that hold 3 or 4 ounces then move up to larger size bottles as your baby begins taking at least 4 ounces at a feeding.

### What kind of nipple should I use?

There are also many kinds of nipples: standard, orthodontic, and even nipples for younger and older babies. You will find one that your baby likes by trial and error.

### Make feeding a happy time for your baby and you.

Hold and enjoy your baby while you feed him. Look into your baby's eyes, switch the arm you use to hold your baby at each feeding. Eye contact and switching sides during feedings will help your baby's brain grow and improve her vision.

## Burping Your Baby

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Burping may make your baby feel better by getting the air out of his stomach.

However, it is not always necessary to obtain a burp. If your baby doesn't

burp within a minute, he may not have a bubble. Here are three ways to burp your baby:

- Put his head over your shoulder, and gently rub his back upwards.
- Lay him over your lap, stomach side down, and gently rub his back.
- Sit him on your lap, with your hand supporting his chest and chin. Gently rub his back.

It is common for babies to spit up a little formula when being burped. After burping, you can clean your baby's gums with a soft, clean cloth.



### How to prevent early childhood caries (rotten teeth)

- After your baby is born, you can take a few simple steps to help protect that smile. Baby teeth are just as important as adult teeth. They are important for eating, speech, self esteem and to hold the space for adult teeth. Sometimes parents and other caregivers don't realize that a baby's teeth can decay soon after they appear in the mouth.
- From birth, wipe your baby's gums or teeth with a clean, damp washcloth
- Never put your baby to bed or nap with a bottle of juice or milk, including breast milk, as it can cause tooth decay. Use only water if you give your baby a bottle at naps and bedtime.
- Begin brushing your child's teeth with a little water and a very small amount of toothpaste as soon as the first tooth appears.
- Schedule your baby's first visit to a dentist by their first birthday, or as recommended by your doctor.
- If you get your water from a well or a spring, get a free water test form for fluoride from your doctor or dentist.
- If you have questions about your child's oral health call 1-888-9VT-SMILE or visit [www.smilevt.org](http://www.smilevt.org).



## Keeping Your Baby Safe

### Car Seat Safety

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Holding your baby in your arms while riding in the car is not safe and against the law in all states. Pick out a car seat that fits your car and is easy to use.

Your infant car seat must face backwards in the car and be installed tightly. While it is natural to want to be close to your baby, the back seat is the safest place for your baby. Never put a baby in the front seat if the car has a passenger air bag. The air bag can cause serious harm or death.

Use the middle of the back seat if the car seat fits tightly. Check the directions that come with the car seat and the car when you install the seat. If you need help, call 1-888-VMT-SEAT (1-888-868-7328) for help.

As your baby grows, it is okay for the baby's legs to touch the back of the car's seat. When baby reached the height or weight limit of the seat, move to a convertible car seat and continue to face backward to 30-35 lbs. Babies are safer facing backward beyond one year and 20 lbs.

For more information visit [www.BeSeatSmart.org](http://www.BeSeatSmart.org) or call toll-free 1-888-VMT-SEAT (1-888-868-7328).

### **Safety Tips:**

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- Harness straps should be snug and ride at or below baby's shoulders when baby is facing backwards.
- No blankets, pillows or head supports behind baby's head or back.
- Never use second-hand safety seats unless you know the complete history of the seat.
- Never use safety seats that have been in a car crash.
- Place loose objects in the car's trunk, not in the back seat with your baby.
- Keep baby rear-facing to 20 pounds AND at least one year old.
- Rear-facing longer is safer. Rear-face until your child reaches the maximum weight of the convertible seat – 30 to 35 pounds.
- Check car seat and car instructions for safe installation.

Special car seats are made for premature and small infants – under 5 pounds. There are also special car seats for infants with breathing problems and other special health needs. Talk with your doctor or call 1-888-VMT-SEAT (1-888-868-7328).

## A Safe Crib

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At first, you may want to have your baby sleep in a bassinet (a small, low crib) or cradle by your bed. As your baby grows, move her to a regular crib. Most new cribs meet safety standards. Avoid using an older crib. If you are not sure if your crib is safe, call **1-800-505-CRIB (2742)**. Check to see that:

- The slats are no more than 2 and 3/8 inches apart.
- Do a soda can test — hold a soda can straight up. If you can pass the can through the slats, the crib is unsafe.
- The paint is not peeling and is lead-free.
- The mattress is firm and flat.
- The mattress fits snugly — no more than two adult fingers should fit between the mattress and the crib.
- The rail height is at least 26 inches above the mattress.

When your baby is in the crib, keep the crib sides up and locked. Place the crib away from windows, window cords, curtains, electric outlets, space heaters, and shelves with things that could fall on her. Do not use pillows, quilts, sheepskins, down comforters, or a waterbed mattress in the crib, even if they fit a crib.

## Shaken Baby Syndrome

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Sometimes a baby may have difficulty getting to sleep and cry and cry. A parent may shake a baby out of frustration or feel that this action may make the baby stop crying. Young infants have weak neck muscles. Shaking a baby can cause brain damage, spinal injury, paralysis, blindness and other eye trauma, broken bones, delay in normal development, seizures or death. Never, never shake a baby for any reason. For information and support, call: **1-800-CHILDREN (1-800-244-5373)**.

If an infant is shaken, immediately get the baby to the emergency room. Let the medical team know the infant was shaken.

## Second-Hand Smoke

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It can be tough to quit smoking, but the Vermont Quit Line can help double your chances of success. The Quit Line offers free guidance, self-help info, nicotine patches or gum and links to local people who can help.

Tips to Help You Get Started:

- Think about a quit date. Pick a date that's soon and stick to it!
- Cut back on how much you smoke each day as you get close to your quit date.
- Get rid of smoking items in your home, such as ashtrays, lighters, extra packs of cigarettes.
- Delay the first smoke of the day as long as you can.
- List reasons why you want to quit. Read it when you have a craving.

Cigarette smoke is especially harmful to babies and young children since they are very sensitive to it. Babies who are exposed to smoke have more:

- |                     |                      |
|---------------------|----------------------|
| ■ Asthma attacks    | ■ Bronchitis         |
| ■ Colds             | ■ Flu                |
| ■ Pneumonia         | ■ Breathing problems |
| ■ Coughing/wheezing | ■ Ear infections     |
| ■ Eye irritation    | ■ Allergies          |
| ■ Hospitalizations  | ■ Feeding problems   |
| ■ Risk of SIDS      |                      |



Smoking can also cause injury. Fires happen more often in homes where people smoke. Babies are hurt more often in a fire than anyone else.

Smoking takes away your energy and reduces the amount of breast milk you can make. If you stopped smoking while you were pregnant, try not to start again. You may be tempted to smoke by the stress of being a new parent. There are many programs that can help you and your family quit smoking. If you would like to stop smoking, call **1-877-YES-QUIT (1-877-937-7848)**

If you are not ready to stop smoking, smoke outside the house when there is someone home to watch your child.

To protect you baby, ask people not to smoke around your child. Do not let anyone smoke when they are holding your baby. Keep your home and your car smoke-free.

## Immunizations - Keeping Your Baby Safe

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Without immunizations, your child is at greater risk of catching one or more vaccine-preventable diseases, can pass the illness on to others, and may be excluded at times from school or child care. This is a great topic to discuss with your child's health care provider so you are informed and make the right choices about protecting your child's health. See the Vermont Recommended Immunization Schedule on page 51.

For more information:

Vermont Department of Health, 1-800-464-4343 extension 7638 or  
1-802-863-7638

Immunization Action Coalition (IAC): [www.immunize.org](http://www.immunize.org)  
[www.vaccineinformation.org](http://www.vaccineinformation.org)

Centers for Disease Control (CDC): [www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/)  
[www.cdc.gov/vaccines/pubs/parents-guide](http://www.cdc.gov/vaccines/pubs/parents-guide)

Vermont Department of Health: [www.healthvermont.gov/children&families](http://www.healthvermont.gov/children&families)

## Frequently Asked Questions about Childhood Vaccines

How do vaccines work?

Vaccines – both live and inactive - create a protective response to infections and communicable diseases before your child is exposed to them. This prepares your child's immune system to fight off infections right away, and greatly reduces their chance of illness and serious side effects from diseases.

Do vaccines overload the immune system in infants and children?

No. Infants and children come in contact with germs in their environment and food every day. Vaccinations strengthen an infant or young child's developing immune system to keep them healthy. Advances in today's vaccine production technology expose children to fewer antigens (the substances that produce an immune response) than in the past.

Should I wait until my baby is older to vaccinate?

No. Infants and young children are very vulnerable to life threatening complications of disease. Vaccines are given to protect them and reduce their risk of illness, which is often more serious in very young children than in older individuals. For example, most hospitalizations due to complications from pertussis disease are for infants.

Do vaccines weaken the immune system?

No. Vaccines strengthen the immune system, beginning at birth. There are also natural immunities passed from mom to baby during pregnancy, at birth and through breast milk. These immunities can help protect your baby against disease.

Exposures to infections and disease can weaken a child's immune system, making it harder to fight off a secondary infection. For example, a previously healthy child with chickenpox (varicella) becomes infected with bacteria, which may become severe enough to require hospitalization. Vaccines help to prevent illness by decreasing the chance that children will get serious infections and secondary side effects, such as ear infections, pneumonia, or meningitis.

Are vaccines necessary?

Vaccines are given for the following reasons:

1. Some diseases are so common that a decision NOT to vaccinate is a decision to risk getting that disease (for example, pertussis).
2. Some diseases are still present at fairly low levels in the community. Measles is one example. If the number of individuals who are immunized drops, outbreaks of these diseases will occur, and more children (and adults) will be exposed and become sick.
3. Some diseases have almost been eliminated, such as polio. However, these diseases continue to cause outbreaks in other parts of the world. Since international travel is common now, these diseases can easily be brought into this country by unsuspecting travelers or immigrants.

Do vaccines cause autism?

Recently, stories in the media have linked vaccines with autism. Numerous, repeated, scientifically rigorous studies, involving hundreds of thousands of children in the US and other countries, have determined that there is no relationship between vaccines and autism.

What about mercury and vaccines?

Thimerisol is a preservative containing ethyl mercury that was routinely used in some vaccines throughout the 20th century. Mercury is a harmful substance and can damage a child's developing nervous system. Since 2000, all routine pediatric vaccines (except for some influenza vaccines) have been reformulated and contain no ethyl mercury.

# Vermont Recommended Immunization Schedule

Birth	Hepatitis B				
2 months	Hepatitis B + DTaP + Polio	HIB	PCV	Rotavirus	
4 months	Hepatitis B + DTaP + Polio	HIB	PCV	Rotavirus	
6 months	Hepatitis B + DTaP + Polio	HIB	PCV	Rotavirus	Influenza (every flu season until age 5)
12–15 months	MMR + Varicella	HIB	PCV	Hepatitis A	
15–18 months	DTaP			Hepatitis A (6 months after 1st dose)	
Immunize your little Vermonter: It is easy to do! Assure that your child has all of the above vaccines By age 2!					
4–6 years	MMR + Varicella	DTaP	Polio		
10–18 years	Tdap: Td booster every 10 years after HPV: 3 dose series for females Meningococcal: Recommended for college freshman living in dorms Varicella? No vaccine or disease? (2 doses needed) Influenza? For individuals at higher risk for complications.				
+ = combined vaccines (only one shot!)					

Vermont Department of Health: [http://healthvermont.gov/hc/imm/documents/vt\\_schedule.pdf](http://healthvermont.gov/hc/imm/documents/vt_schedule.pdf)

Diseases that your child will be protected against:

- **DTaP:** diphtheria, tetanus (lock jaw), pertussis (whooping cough)
- **Hepatitis A & B:** serious liver diseases
- **HPV:** human papillomavirus, causes cervical cancer
- **Hib:** haemophilus influenza, a brain, throat and blood infection
- **Influenza:** a very contagious viral infection
- **Meningococcal:** a blood infection and/or meningitis
- **MMR:** measles, mumps and rubella
- **PCV:** pneumococcal, a blood, lung and brain infection
- **Polio:** causes paralysis
- **Rotavirus:** causes severe diarrhea
- **Tdap:** tetanus, diphtheria and pertussis for children > 9 years of age
- **Varicella:** chickenpox



## Child Care

There will be times when you decide to ask other people to take care of your child. You want to make sure a trusted adult is always with your child when you are not available. Sometimes, you may ask a friend or relative to stay with him while you go out. At other times, you may choose to hire someone. The following questions can help you find the right caregiver.

- What does my child need?
- What do I want for my child?
- What would the place provide?
- Are there children the same age as my child?
- Is there outdoor space to run, climb and swing?
- Is there quiet indoor space to read a book and draw?
- Will my child receive individual attention from the caregiver?

If you do leave your child in someone else's home, you can make sure the home is safe.

## Choosing In-Home Child Care

It is important to choose someone who is mature and old enough to understand what you expect (at least 13 years old and mature). Spend some time with the babysitter to see if you and your child feel comfortable. Watch how the babysitter cares for and responds to your child. Ask about babysitting experience and training. Young sitters can take a babysitting class and the Red Cross gives classes in First Aid and CPR. Ask for the names and phone numbers of people you can call for references.

Here are some other things you can do to help make sure you can relax during your time away from your baby:

- Give the babysitter a list of instructions, emergency telephone numbers, and the telephone numbers where you can be reached.
- Make sure the babysitter knows how to prepare formula and a bottle and what foods your child can eat.
- Ask the babysitter not to smoke and to keep your child away from places where there is smoking.
- Before you leave, give your babysitter ideas on what to do if your child gets fussy or cries.
- Show the babysitter some of your baby's favorite toys and games.
- Make sure that the babysitter knows that it is never okay to shake a child and that babies should be placed on their backs to sleep.

### Tip



Have a new babysitter come a half-hour early. This will give your child a chance to get used to her new caregiver.



## Choosing Out-Of-Home Child Care

Many parents use child care so they can work or go to school. If a child care provider cares for children from more than two families, they must follow the regulations of the State of Vermont Child Development Division Licensing Unit. This may be a registered family child care home or licensed center.





The Child Development Division website lists addresses and phone numbers and regulatory information for all registered and licensed providers in the state by town at [www.CDDvt.org](http://www.CDDvt.org). In addition, you can call the Child Care Consumer Line at **1-800-540-7942** or visit [www.brightfutures.org](http://www.brightfutures.org) to learn more about the child care you are considering. They can share with you the results of any licensing visits, any special accreditation or achievement, letters of praise or proven complaints against a provider for the last 12 months.

For more information about financial assistance for child care, you can also call the Child Development Division at **1-800-649-2642** or **1-802-241-3110**. They will give you the number of your local child care subsidy specialist.

#### Child Care Resource and Referral Sites:

Addison	<b>388-4304</b>
Bennington	<b>447-6936</b>
Caledonia/ South Essex	<b>748-1992</b>
Chittenden	<b>863-3367</b> or <b>1-800-339-3367</b>
Franklin/Grand Isle	<b>524-6574</b> or <b>1-800-427-6574</b>
Lamoille	<b>888-5229</b>
Orange/ North Windsor	<b>603-646-3233</b> or <b>1-800-323-5446</b>
Orleans/ North Essex	<b>334-4072</b> or <b>1-877-722-6680</b>
Rutland	<b>747-0033</b> or <b>1-800-775-2390</b>
South Windsor/ North Windsor	<b>886-5242</b> or <b>1-800-808-4442</b>
Washington	<b>828-8771</b>
Windham	<b>254-5332</b>

Child Care Resource and Referral sites provide confidential child care referrals, information about child care, child care listing by town, and local family resources.

## How Do I Choose?

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### Call:

You can call child care programs before visiting to help you decide which ones might be best for you. Here are some questions you can ask:

- Is this a good time to talk? When can I call back?
- Can you care for my child on the days and hours that meet my schedule?
- Where are you located?
- What age children do you care for?
- Are you registered or licensed by the state of Vermont?
- What do you charge? Is there financial assistance available?
- Do you accept child care subsidy payments?
- Do you serve meals? Do you participate in the child care food program?
- Do you transport children in safety seats?
- When can I come and visit?

### Visit:

Visiting a home or center can help you make your decision. You can learn a lot about a program by spending time there. Look over the answers to your questions and choose those centers that you would like to visit.

### What to look for:

On your visit, look around. Listen to the sounds around you — are they happy sounds? Ask lots of questions. See if you and your child feel comfortable. Here are some things to watch for:

- Does the provider greet you and your child in a friendly way?
- Do the children seem comfortable with the adults there? Do the adults and children enjoy being together?
- What are the children doing? Are they involved in activities?
- Are there a variety of toys and learning materials, for example – baby toys, books, dress-up clothes, play dough, dolls, trucks, blocks, paper and crayons?
- Are the toys and play areas (inside and outside) clean and safe?
- Can children get toys on their own?
- Do children get individual attention? Are children's needs met even when things get busy?
- Are there enough adults caring for children? Check the chart of adult-child ratios (on the next page) to make sure.
- Do you feel comfortable with the staff of the center?

### For infant care, also watch:

- How are infants fed? Are they held when given a bottle?
- What do they do for families of infants who are breastfed? If you breastfeed, do you feel welcome and supported?
- How do they handle feeding or sleep schedules? Do they try to meet your baby's schedule, or are all infants fed at once?
- Are the infants put to sleep on their backs?
- Where are infants placed to play? What do they play with?

For children with special needs, also watch:

- How many children with special needs are in the classroom?
- Is there room for your child's equipment? Is there room for your child to get around?
- Will your child be able to use the playground?
- Bathroom routines. How do they help children learn about using the toilet?
- Will there need to be changes made in lunch time for your child?
- Do special therapies (physical, occupational or speech) happen in the classroom?
- How is medication given or other special health care needs taken care of?

#### Minimum Staff to Child Ratios at Licensed Centers

Children's Ages	Maximum in Group	Staff/ Child Ratio
Infants: 6 weeks – 16 months	8	1:4
Toddlers: 17 months – 23 months	8	1:4
24 months – 35 months	10	1:5
3 years – kindergarten	20	1:10
First grade – 15 years	No Maximum	1:13

More information about ratios can be found at [www.CDDvt.org](http://www.CDDvt.org) or by calling your local resource and referral agency.

### Questions to ask during your visit:

Can I visit at any time? \_\_\_\_\_

What kinds of training and experience do the staff have? \_\_\_\_\_

\_\_\_\_\_

Does your staff have CPR and First Aid training? \_\_\_\_\_

\_\_\_\_\_

What is the discipline policy? Does it fit with yours? \_\_\_\_\_

\_\_\_\_\_

How are sick children cared for? What are the illness policies? \_\_\_\_\_

\_\_\_\_\_

What happens if a provider is sick or on vacation? Who will care for my child? \_\_\_\_\_

\_\_\_\_\_

Will the program care for any special needs that your child or your family might have? \_\_\_\_\_

\_\_\_\_\_

Do children watch TV? How much? Which programs? \_\_\_\_\_

\_\_\_\_\_

How can parents be involved? Are there advisory groups, workshops, support groups or social events? \_\_\_\_\_

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When will staff share information about my child's day? \_\_\_\_\_

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What are the names of three parents you can call to ask about the program?

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For family child care homes: Are there other adults or teenagers in the home when children are there? Do they ever take care of the children?

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Do you keep any guns in the house? \_\_\_\_\_

Finally, talk to other parents who use or have used the program. Their experiences can help you make this important decision. This will help you to choose someone you trust to care for your child.



## Getting Ready For Your Child's First Day

Leaving your child at any age may be hard for all of you. It takes time for everyone to adjust. It is hard for parents as well as for children. You may have lots of feelings about leaving your baby or young child. It is important to know how you feel. That way you can make plans that help you and your child feel comfortable. When you have found the best care for your child, you can begin to trust that your baby will be safe and well cared for. You will then be able to let your child have a relationship with her provider.

Your provider and other parents may have some hints to help you and your child ease into the program. Here are some ideas that may help:

### What you can do:

- Try to visit the program with your child before you start.
- Learn the program's daily routines. If your child is old enough, talk with her about what will happen while she is there.
- Bring your child's favorite toy, blanket or stuffed animal.
- Try to get up early so that you can cuddle and play together before you leave for the day.
- Try to have a calm morning at home. This may mean getting up a little earlier or preparing the night before.
- Try to spend some extra time at the program with your child during the first few days. You can help her explore favorite activities or toys and to get to know others.
- Try to make the first few days shorter if you can. This will give your child time to adjust.

### What your provider can do:

- Ask you about your child's favorite activities, fears, sleeping and eating habits and experience with other children and adults.
- Have a special place for your child's things.
- Show your child around the program.
- Invite her to join in a favorite activity.

### When It Is time For You To leave:

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Leaving that first day is always hard. Here are some tips that parents have found helpful:

- Help your child start an activity or become involved with your provider.
- Tell your child it is time for you to leave. Remind her when you will be back and what she can do while you are gone.
- Say goodbye to your child. If you can, smile. This will help your child know you are confident that she will have a good day.
- Sometimes lingering can make it harder for you and your child.

Your child may be upset at first. It can take awhile for your child to get used to a new setting, new people and a new way of doing things. This can be more difficult for some children than others. Your morning routine and helping your provider get to know your child should help. If your child continues to be upset, you will want to talk with your provider to see what can be done. You may want to think about whether your child is ready for this type of care or whether this is a good placement for your child.

### Everyday, It's a Good Idea To:

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- Give yourself extra time in the morning.
- Talk with your provider about any changes that may have happened overnight. This will help your provider care for your child better.
- Help your child put her things away and settle in.



- At the end of the day, talk with your provider to find out how the day went. Ask what your child ate, when she napped and what she did.
- Some children will need time with you at the program before heading home. This is a tough time for many children. Talk with other parents and your provider for suggestions about how to help you and your child unwind after a long day apart.
- It is a good idea to stop by the child care sometimes to see how things are going for yourself.

Caregivers are there to help you and your child. If at any time you are concerned about your child, visit the program and talk with your provider. Discuss visiting policies with your child care provider.

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For more information:

**Child Care Consumer Line**

**1-800-540-7942**

[www.brightfuturesinfo.org](http://www.brightfuturesinfo.org)

**Child Development Division, Department for Children and Families**

**1-800-649-2642 or 1-802-241-3110**

Website: [www.CDDvt.org](http://www.CDDvt.org) and [www.brightfuturesinfo.org](http://www.brightfuturesinfo.org)

*These websites have a statewide list of child care providers, child care subsidy information, licensing and registration regulations and links to other related sites.*

**National Association for the Education of Young Children**

**1-800-424-2460**

Website: [www.naeyc.org](http://www.naeyc.org)

**Child Care Aware**

**1-800-424-2246**

Website: [www.childcareaware.org](http://www.childcareaware.org)

**Vermont Association of Child Care Resource and Referral Agencies**

**1-877-VACCRRRA or 1-877-822-2772**

Website: [www.vermontchildcare.org](http://www.vermontchildcare.org)



Your Growing Child

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# Your Growing Child

## Your Child's Development

All babies are different and grow at their own rate. They also have their own personality. As you take care of and play with your baby, you will learn a lot about each other. You will learn what makes your baby special. The most important thing you can give to your baby is your love. When babies feel safe and secure — they are free to explore their world.

As your child grows, there will be times when behavior and development progress smoothly. There will also be times when your child's behavior seems to fall apart. The times when behavior seems to fall apart are called “Touchpoints” by Dr. T. Berry Brazelton.<sup>1</sup> They are normal periods of disorganization in a child's development. They typically occur right before a child goes through a developmental spurt (such as learning to eat solid foods, walking or beginning toilet training).

Each new task a child learns is very demanding and requires all of his energy. The struggle that accompanies learning new tasks can be very frustrating. When children are frustrated, parents will know it and feel it too. When developmental spurts occur, help and support is available from your health care provider.

## A Healthy Baby Needs Primary Health Care

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Primary health care is the regular care your child gets from a health care provider. A well-child visit is a routine visit to the provider when your child is healthy. Well-child visits can prevent health problems or get them treated right away. Your health care provider will also talk about what you can expect as your child grows.

## Talking With Your Child's Health Care Provider

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Your child's health care provider needs your help to give your child the best care. It is your health care provider's job to listen to your concerns and to answer your questions. It is your job to speak up for your child. You know your child best.

Information about your family's health history will help your child's provider care for him. This information is confidential and will not be shared unless you give permission. Tell your health care provider about:

- Your family health history
- Concerns about:
  - Discipline and behavior
  - Drug and alcohol use
  - Physical, emotional, and sexual abuse
  - Stress, separation, loss, or trauma
- Any visits to hospitals, emergency rooms, or other health care providers
- Anything else you feel is important

If you have an adopted or foster child, you may not have this information. Write down as much as you know from the adoption agency or birth parents.

## Concerns About Your Child's Development

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As you read about each stage of development, talk to your health care provider if you have concerns or questions. You or your health care provider can call the Family, Infant and Toddler Program (FITP) of Vermont. Call **1-800-870-6758** to find a team near you. If your child is over 3-years-old and you have concerns about his development, you or your health care provider can call your local school to find out how to get a free evaluation to see if he needs special education services.

## Caring For Yourself

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Parenting can be a wonderful and very demanding job. It is important for parents to remember to take care of themselves. Here are some suggestions:

- Rest when your baby is resting.
- Find ways to include your partner (or relative or friend) in caring for your baby.
- Schedule your own health care appointments, such as a postpartum checkup or regular, yearly exams.
- Practice regular dental care because the germs that cause tooth decay can be transmitted to your baby.
- Learn about parent support groups, playgroups or other programs for parents in your community. Ask your health care provider for information.
- Take some time to be with your partner or a friend.
- Get together with other parents. As your baby moves around more, expect that you will have less time to get things done.
- Take an infant CPR class.
- If you need to return to work, explore child care options as soon as possible.
- Try to fit some exercise into your schedule.
- Try to take a break every day and do something nice for yourself, such as call a friend or go out for a walk.

- Keep a regular bedtime routine. Give yourself some time in the evening to relax and be with your partner.
- Talk to your health care provider if you are thinking of having another baby. They can give you a folic acid supplement to help prevent some birth defects. This should be taken before you get pregnant.
- Look into programs and activities that may interest you. Many communities offer social, educational and recreational activities through churches, clubs, schools or recreation departments.
- Take a break when your child's behavior upsets you. You can also get help to manage your child's behavior:
  - Ask your health care provider or talk with other parents.
  - Join a parent support group or take a parenting course.
  - Call Vermont **2-1-1** (**1-866-652-4636** from a cell phone) for information and referrals.
  - Download a handbook at [www.CDDvt.org/behavior.html](http://www.CDDvt.org/behavior.html).
- If you feel you need help with concerns that affect your ability to be the best parent you can be, there is help available. Parents may not be aware of specific resources. If you want information, a health care professional would be a good place to start. There are many resources in the community to help parents, including information on service providers including:
  - Mental health services or postpartum depression support groups and treatment providers. Call the Vermont **2-1-1** information line (**1-866-652-4636** from a cell phone) or visit [www.vermont211.org](http://www.vermont211.org).
  - Substance abuse treatment and support groups.  
Alcoholics Anonymous: **1-(802) 860-8382** or [www.AAVT.org](http://www.AAVT.org)  
Vermont Office of Alcohol and Drug Abuse Programs (ADAP):  
**1-800-464-4343**
  - Domestic violence services and support. Vermont Network Against Domestic Violence and Sexual Assault: **1-800-228-7395** and **1-800-489-7273**



## 1 to 2 weeks

Your new baby is here! The birth of a new baby changes familiar routines and relationships as you adjust to the new responsibilities of being a parent. It will take time to adjust and you may need additional support. The birth of a new child can bring a wide range of emotions, both positive and negative. You may feel some anxiety about your ability to parent. Your health care provider is there to answer your questions and can also tell you about helpful community resources. Soon you will begin to discover your baby's unique and individual personality. You will also learn about what your baby can do. At one to two weeks: <sup>2, 3</sup>

Your Baby May:	What You Can Do:
Look at your face and follow an object with her eyes	Hold your baby so she can see your face or an object. Eight to 12 inches is best.
Respond to your voice and other sounds	Sing and talk to her. Watch how she reacts to different sounds. Do loud noises upset her? Does she quiet when you talk softly?
Hold your finger	Give her your finger to grasp.
Enjoy your touch	Stroke and massage your baby. How does she respond?



## Health and Safety Tips:

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- Check your baby's crib to make sure it is safe. See page 41 for information on how to do this.
- Place your baby on her back to sleep. Talk to other caregivers about back sleeping.
- Keep your baby protected from hot and cold temperatures.
- Protect your baby from the sun. See page 171 in the healthy environment chapter for more information.
- Keep your baby away from tobacco smoke.
- Never carry your baby on your lap in the car. Always use a car seat for every ride.

## Comforting Your Baby

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Babies cry to let you know there is a problem. You cannot spoil a baby. Studies have found that babies who are cared for when they cry, cry less when they are older. Babies learn they can count on you to take care of them. Sometimes it is easy to know why and other times you have to search for the reasons. Sometimes nothing you do seems to work and this can be frustrating. Some babies need a chance to let off steam at the end of the day, especially as they enter new developmental stages. If your baby has a regular fussy period at the same time every day, and nothing seems to calm her, she just may need to cry it out. <sup>4</sup>

If your baby is well fed, warm and dry, perhaps one of these ideas will calm her:

### Solutions

- Talk or sing to her softly — she knows your voice and may find it soothing.
- Play soft music.



- Help her get her thumb to her mouth. Sucking is very comforting for babies.
- Burp her to get rid of trapped air.
- Hold her so she can see something interesting.

Gently hold her hands together or swaddle her by wrapping her body in a light blanket. This will keep her from moving her arms and startling herself.

If the crying becomes too much for you, take a break by having a partner or friend take over for you. If you are concerned and nothing you do seems to help, call your health care provider, a family member, friend, or the Parent Assistance Line: **1-800-PARENTS (1-800-727-3687)**.

## 1 to 2 Week Check-Up

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What to expect at this visit:

- Your baby will have a physical exam.
- Your baby may receive one or more immunizations.
- Your baby's head, weight and length will be checked.

Remember to record your baby's measurements on page 127.

### Your health care provider may talk with you about:

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- How your baby is growing.
- How you are feeling about the baby.
- How to take a temperature.
- How to know if your baby is getting enough to eat.
- Your baby's sleep and elimination patterns (urine and bowel movements).
- How you are feeling.
- Immunizations.



### Questions some parents ask:

- How should I hold my baby?
- What does it mean when my baby is crying?
- What is colic?
- How do I know if my baby is hearing?
- How do I know if my baby is sick?
- Should I do anything about my baby's dry skin?
- When can I take my baby on a trip?
- Is my car seat safe?
- Is my baby getting enough to eat?
- What changes can I expect in my baby during the next two months?
- Your questions:

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## 1 month

At 1 month, your baby is still sleeping a lot. Caregiving routines are centered around sleeping and feeding. You may also still be adjusting to the changes that your new baby has brought to your life. This can include recovering from the excitement and exhaustion of the first few weeks as well as adjusting to changes in relationships with family and friends. Ask for help from your family and friends when you need a break. At 1 month: <sup>5, 6</sup>

### Your Baby May:

Lift his head briefly

Stay awake for more than 1 hour

Move arms and legs around

Coo

### What You Can Do:

Give him some “tummy time” while he is awake and you can watch him. This will help strengthen his neck muscles.

Play with your baby. Give your baby lots of hugs and smiles. Kiss his toes. See the next section for more ideas.

Give him rattles with soft sounds. The sound will attract his attention to his hands when he moves the toy.

Use slow, gentle sounds to talk back to your baby.

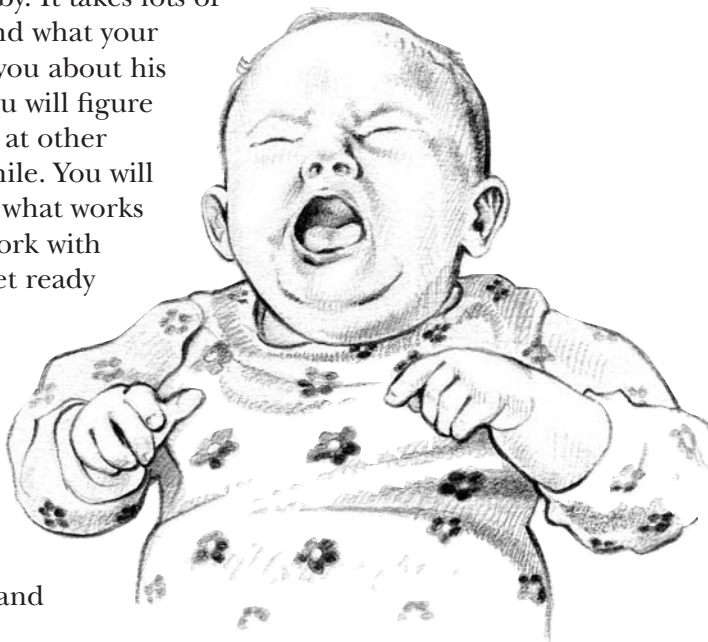


## Health and Safety Tips:

- Use the suggestions on how to comfort your baby on page 70. Never shake your baby to stop him from crying. This can cause serious injury or death.
- Remember to place your baby on his back to sleep.

## Understanding Your Baby

Your baby's personality is starting to show through as he reacts to your caregiving routines. Babies have lots of ways to tell us how they feel. Watch and listen to your baby. It takes lots of practice to understand what your baby is trying to tell you about his needs. Sometimes you will figure it out right away and at other times it may take awhile. You will continue to discover what works and what does not work with your unique baby. Get ready for increased fussiness. Your baby can get overloaded at the end of the day and may fuss as a result. Get ready for the playful times as your baby becomes more alert and active.<sup>7</sup>



### What are babies trying to tell us?

- The world is a new and exciting place for babies. Sometimes it's too exciting. When this happens, your baby will try to find a way to let you know he needs a break — he may turn away, arch his back, fuss or cry. He may even start to hiccup. By taking a break you are giving him the time he needs to calm down. Often he just needs a minute before he is ready to play again.
- Each baby has different likes and dislikes. While some like music and sounds, others prefer to look at the world around them. Some love to be cuddled and rocked while others like soft voices. Some babies are more sensitive to sounds, sights, smells, touch and movement than others.
- Babies also tell us when it is a good time to play. During the day, your baby will have times when he is wide awake. His face and body will tell you he is ready to play.
- All babies need daily physical activity and love "floor time," where they can stretch, reach and kick.
- Babies respond to emotions their parents or caretakers may be feeling and expressing. Create a calm emotional environment when your baby is nearby by not doing things such as raising your voice or arguing.



## 2 months

At 2 months, your baby is becoming more alert and social. You may have even been rewarded with the first smile. You are able to interact with your baby in ways that go beyond caregiving routines. As your baby gains more interest in the outside world, the feeding and sleeping patterns that you have established may change. At this time, you are probably feeling less exhausted and may feel more confident as a parent. This is a good time to start reconnecting with the outside world. You may be getting ready to return to work. Thinking about separating from your baby and finding quality child care can be difficult. At 2 months: <sup>8,9</sup>

Your Baby May:	What You Can Do:
Make gurgling and sighing sounds	Talk to her about everything you are doing and seeing. Copy and repeat the sounds she makes.
Smile back when you smile	Sing and read to her.
Grasp toys	Greet your baby with a smile and her name.
Lift her head and turn to one side	Copy her expressions.
Suck her thumb or fingers	Give her a safe, light rattle or your finger to hold.
Watch things	Provide your baby with “tummy time”. Move your face or a toy slowly from side to side for her to follow.  Help her find her thumb when she is upset.  Place her in an infant seat where there are interesting things to look at.



## Health and Safety Tips:

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- Do not hold hot liquids when holding your baby.
- The car seat is not a safe place for your baby to sleep in the house. Use your baby's crib or bassinet.
- Never leave your baby unattended in a car.

## Play With Me!

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Prepare for a developmental burst in the next few months. This is a great time to play with your baby. She is beginning to be more interested in the world around her.

It doesn't take special toys or a special time to play with your infant. You can play at any time – during diapering, feeding or bathing.

### Play is fun!

- Your baby learns about the world of people and things.
- Your baby exercises her body and her brain.
- Playing with her tells her how important she is.
- You may be able to help a baby who is not sleeping at night by keeping her awake a little bit more each day by playing with her.

### Games to Play

- Kiss her tummy or her feet. Blow on her hands. Give her time to react.
- Sing to her. She will enjoy the closeness, listening to your voice.
- Copy your baby's facial expressions. Stick out your tongue and see if she will copy you.

## Toy Safety

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As your baby begins to reach and grasp, everything will go into her mouth. To make sure you and your baby can play without worry, check to see that toys do not have small parts that could break off and become a choking hazard. A “no choke” tube, a 35 mm film cannister or an empty toilet paper tube can be used to check if toy parts are too small for your baby. Try to place the toy in the opening. If the toy fits into the opening, then it is too small for the baby.

## 2 Month Check-Up

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Remember to record your baby’s measurements on page 128.

### Your health care provider may talk with you about:

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- Your baby’s weight gain.
- How you feel about changes in your family.
- Possible reactions to the immunizations your baby receives.
- How your baby is growing.
- How other children are reacting to the new baby.
- The right temperature for your baby’s room.
- The importance of placing your baby on her back to sleep and other risks for SIDS, such as exposure to cigarette smoke.





### Questions some parents ask:

- How do I find a child care provider?
- What do I do when I get confusing advice from family and friends?
- Should my baby have vitamin supplements?
- What can I do if I feel tired or sad all the time?
- How can I get my baby to sleep through the night?
- If I need to be away from my baby, how can I keep breastfeeding?
- What changes can I expect in my baby during the next two months?

■ Your questions:

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## 4 months

At 4 months, your baby is discovering his world. He reaches and grabs toys and explores them with his mouth and eyes. Your baby is beginning to tell people apart and he is creating emotional ties that will provide him with the trust he needs to face the world. Your baby will have a special and different relationship with each person in the family.

Feeding routines may change as your baby becomes more active. You can expect your baby to look around and become distracted while feeding and even refuse feedings when exciting things are happening. At 4 months: <sup>10, 11</sup>

### Your Baby May:

Lift head and chest and reach for toys

Bring hands together and reach for and hold a toy

### What You Can Do:

Make sure to provide your baby with “tummy time”. Put toys within your babies reach.

Hold his favorite toy in front of him. Move it closer to him until he can grasp it. Cheer him on as he reaches for it.





## Health and Safety Tips:

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- Never leave your baby alone on a table or bed. Always keep one hand on him. Babies may begin to roll over at this age without any warning.
- Always place your baby to sleep on his back. Remind other caregivers to do the same.
- Keep toys and pillows out of the crib.
- Keep your baby away from second hand smoke.
- Your baby may come to a light sleep in the night and begin to fuss. Let him find ways to comfort himself.

## Your Baby's Temperament

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"My baby slept through the night at 2 months." "My baby screams when she hear loud noises." Each baby is born with an individual temperament. Parents with two or more children often say that each child was different from the day they were born.

Temperament also accounts for why children need to be raised in different ways. In fact, children have to "teach" their temperament to their parents. Parenting methods must "fit" the child's temperament. By learning about each child's personality and temperament, parents can learn how to respond in helpful ways. Your child's temperament can be wonderful in some situations and challenging in others.<sup>12, 13</sup>

### How active is your baby?

Some babies are lively. They are always on the move and have a hard time settling down to sleep. Don't expect this baby to sit quietly for long periods of time. You can help by finding out what he needs to be able to relax. Over time this may help him learn to calm himself.

Some babies are very quiet and may seem like easy babies. They are content to stay in one place and learn about the world through watching, rather than doing. You can help by trying to make sure his world is interesting. Place favorite toys out of reach so that he stretches or crawls to get them and praise him when he does.

### How strongly does your baby react to things?

Some babies are able to take things in stride; they are comfortable meeting new people, changing routines and learning new things. Some babies may seem afraid of everything new. They are upset by changing their activity, like getting dressed or going outside. A new food, bottle or shirt can upset this baby. You can help your baby adjust by giving her lots of time and support to interact with new people and new situations without becoming overwhelmed. Make her life as routine as possible.

Some babies react to their environment very strongly. There is no mistaking how they feel about something. When they are upset, they may scream very loudly. As they get older, they may throw things and have lots of tantrums. These babies may show pleasure in a big way, too. It is a delight to hear them squeal with laughter! You can help your baby calm down by protecting him from bright, busy and noisy places. When he is upset, hold him close. <sup>14, 15</sup>

## 4 Month Check-Up

Remember to record your baby's measurements on page 128.

### Your health care provider may talk with you about:

- ☐ How your baby sleeps.
- ☐ Setting routines for your baby.
- ☐ Starting solid foods.
- ☐ Immunizations.



### Questions some parents ask:

- When will my baby start to get teeth?
- When should I feed my baby solid foods?
- How can I help my baby sleep through the night?
- When will my baby start sitting?
- What changes can I expect in my baby during the next two months?
- Your questions:

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## 6 months

At 6 months, your baby's personality shines through. She is developing bonds with the immediate family but, over the next few months, she may become wary of anyone new. Your baby may start creeping and crawling soon. Activities she is practicing now are building blocks for standing and walking. This is an exciting time as she explores her world and her new abilities. It can also be a frustrating time when she can't do everything that she wants. One moment, you might celebrate an accomplishment and the next moment, try to console your frustrated baby. This is a normal part of the learning process.

As your baby grows, her new abilities affect the caregiving routines that have been established. With feeding, she no longer wants to just be fed. She wants to be more actively involved with her food. Give her soft finger foods and a cup and spoon.

Trying to get your baby to sleep may also become a challenge in the next month as babies start to move, sit and stand. Establishing routines and bedtime rituals may help. Baby proofing the house is important for safety at this time. Remember, it takes years for children to learn limits for themselves.<sup>16, 17</sup>

At 6 months:

<b>Your Baby May:</b>	<b>What You Can Do:</b>
Know her own name	Use your baby's name often.
Make lots of different sounds	Imitate her sounds and give her a chance to repeat the sounds back to you. Read books.
Stretch out her arms to be picked up	Give her the words for her action. Ask, "do you want to be picked up"? Then pick her up.
Begin to sit, stand and bounce with support.	Give her opportunities to sit and stand while you support her. The use of walkers and bouncers may delay walking at this stage.
Move an object from hand to hand	Have her favorite toys nearby so she can explore them with both hands.
Pick up a toy and bring it to her mouth	Give your baby teething toys and safe objects she can mouth on.
Play games with you	Play "peek-a-boo" and repeat your baby's actions.
Creep or crawl	Put her toys and books in interesting places for her to find.



## Health and Safety Tips:

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- Complete the healthy environment checklist located on page 178.
- You can reach a poison expert 24 hours a day, seven days a week nationwide at **1-800-222-1222**.
- Use a convertible car seat facing backward when your baby outgrows the infant car seat. Call 1-888-VMT-SEAT (1-888-868-7328) or visit [www.BeSeatSmart.org](http://www.BeSeatSmart.org) to find a car seat fitting station near you.

## Looking Ahead: Needing You

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In the next few months your baby may go through a period when he seems to need and want only you. He may become afraid of new people. Even grandparents may get fearful looks if they aren't regular members of the household. When "strangers" approach, he may get quiet, look away, cling and cry. This is often called "stranger anxiety."

At this time you may find that your baby doesn't like you to leave him or go where he can't see you. When he realizes you are leaving, he may, again, cling and cry. This is called "separation anxiety" and means he is beginning to realize he is a separate person, which is a little scary at first.

Your baby will soon learn that you continue to exist even when he can't see you. Separations will be hard for a while and you will require extra preparation time before you leave your baby. You may be exhausted from the tears and clinging, and feel guilty when you do leave. However, you and your baby are experiencing the challenges of normal development.



### Things you can do:

- Talk to him from another room. He will learn you are there even when he can't see you.
- Leave for short periods and let him know when you return. Gradually increase the length of your outings.
- Help him find a favorite stuffed animal or blanket that can be comforting when you are out of sight.
- Play peek-a-boo with him. Do this with objects, too. He will learn that things are there even when he can't see them.
- Ask visitors or strangers to give him time to warm up before looking at him directly or holding him.
- Provide consistent, stable caregivers when you are not around.

## 6 Month Check-Up

Remember to record your baby's measurements on page 129.

### Your health care provider may talk with you about:

- ☐ Protecting your baby from falls, choking and poisoning.
- ☐ Checking for lead in the house.
- ☐ Care of teeth, teething and fluoride supplements.
- ☐ Encouraging your baby to use a cup.
- ☐ Your baby's personality.
- ☐ Fear of strangers.
- ☐ Separation anxiety.
- ☐ Sleeping through the night.
- ☐ Immunizations.



### Questions some parents ask:

- ☐ When will my baby sit up or crawl?
- ☐ Does my baby need to wear shoes?
- ☐ Does my baby still need to eat at night? How much should my baby eat?
- ☐ Why is my baby waking during the night?
- ☐ What changes can I expect in my baby during the next two months?
- ☐ Your questions:

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## 9 months

At 9 months your baby is now moving around with determination. He can crawl and creep and get to places he has never explored before and also may be “cruising” around the furniture. He will also like crawling over, under and around things like soft pillows and chairs. This is great exercise and will help him continue to develop physical skills. He is also becoming more aware of his parents’ reactions to what he is doing. When he crawls to that forbidden place, he may look back at you for a reaction. Babies need to explore to discover new skills and gain confidence. Your baby is working to become independent and gain more control over his world. His demand for control will only increase with time. Parents need to encourage exploration, but also make sure that it can occur safely. Setting and maintaining limits is important at this time.<sup>18, 19</sup>

Your baby’s new abilities will once again affect caregiving routines such as sleeping and feeding. As your baby learns how to pull himself up to stand, he may practice his new skill at night. Developing bedtime rituals at this time may help.

At 9 months:

<b>Your Baby May:</b>	<b>What You Can Do:</b>
Crawl or move by scooting on his belly or bottom	Give him a toy that rolls so he can follow it. Balls are great fun.
Be attached to a special blanket or toy	Have his special blanket nearby when he is apart from you (like bedtime) so he can begin to comfort himself.
Drop toys to see what happens	Play “hide and seek” with his toys. Your baby is learning that his toys don’t disappear when he can’t see them.
Pull up to a standing position	Let him hold on to your fingers or a sturdy table to practice this new skill.
Try out new sounds such as “ba-ba”, “da-da”, “ma-ma”	Encourage him by imitating his sounds. Your baby is learning how to talk.



### **Health and Safety Tips:**

- Remove objects that can break and plants from tables that your baby can now reach.
- As your baby is able to move around, make sure your home is safe. If you can’t “baby-proof” the whole house then fix up the rooms where both of you will spend most of your time. Get down on your hands and knees to see what your baby may be able to get into.
- Place sturdy gates around wood stoves. Make sure that your baby cannot move the gate or put his hand over it to touch the stove.

## Reading To Your Baby

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It is never too early to begin reading to your baby. Babies like books. They get to sit close to you and cuddle. They hear new words and sounds.



### How to read to a baby:

- Have your baby sit on your lap. Babies who are walking may want to stand as you show them a few pages.
- Point to a picture, name it and talk about it.
- Ask your baby “what’s that?” Your baby may ask the same question one day.
- Read to your baby for as long as he will listen.
- Read to him at bedtime. It is a nice way to help an active baby settle down.
- Have some sturdy books that your baby can look at and play with mixed in with toys.

Your baby may do lots of different things with books. Let him take the lead — he will learn how much fun books are.

### 9 Month Check-Up:

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Remember to record you baby’s measurements on page 129.

### **Your health care provider may talk with you about:**



- ☐ Sleeping patterns.
- ☐ Setting limits.
- ☐ Keeping the poison control number by the phone.
- ☐ Feeding new foods.
- ☐ Decreasing the number of bottles you give your baby.
- ☐ Mealtimes.
- ☐ Staying away from foods that cause choking (grapes, hot dogs, peanuts, hard candy).
- ☐ Weaning.
- ☐ Continuing to face backward in the car seat after 20 lbs.

### **Questions some parents ask:**

- Are there any parenting classes I can take?
- What are good toys for my baby?
- Should I brush my baby's teeth?
- Is my baby eating enough?
- How long should my baby ride facing backward in the car seat?
- What changes can I expect during the next two months?
- Your questions:

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## 12 months

Your child is now 1 year old. Get ready for lots of changes. Your child is learning many new things. Your baby wants to walk but might not have the ability quite yet. The intense focus on new skills and activities can lead to changes with sleeping and feeding. Small frustrations may lead to tantrums. At 1 year of age, many parents begin to think about toilet training. At this time it is still too early.<sup>20, 21</sup>

At 1 year:

Your Baby May:	What You Can Do:
Stand alone and take a few steps	Cheer her on. Give her your hand to help her balance and go for little walks.
Drink from a cup	Allow your baby to use a sippy cup. She will be very excited to do this by herself.
Pick up small things	Give your baby safe foods to practice this new skill, such as cheerios and small pieces of soft food.
Point with her finger	Help your baby tell you what she wants. Use the correct name of the object.
Try to climb stairs	Put a gate on the stairs and give your baby safe places to climb.
Begin to copy activities you do in the home	If you are washing the table, your baby will love to copy you. This helps baby to feel independent.





## Health and Safety Tips:

- Test your smoke detector.
- Keep cosmetics and other personal hygiene products out of your child's reach.
- Continue to keep baby backwards in the car.

## Learning To Talk

Your baby understands more than she can say. Don't worry if her words do not make sense. You may notice that she always uses the same sound for the same person or object. She can now associate certain words with their meanings. If you repeat the words, she will learn how to say them over time.

How to help your baby learn to talk:

- Give her lots of praise. Let her know how excited you are when she is expressing herself.
- Talk to her whenever you get a chance — when you bathe, change and feed her. Give her time to “talk” back to you.
- Make a game of repeating her sounds back to her. Then wait to let her have a turn again.
- Speak to your baby slowly. Use simple words and short sentences.
- Sing songs.
- Give her choices. “Do you want a cracker or cheese?”
- Ask simple questions. “Do you want more juice?” “Where is your ball?” “I hear the telephone. Do you hear that?”
- When she points to something, encourage her to say the word.
- If you speak two languages, it is okay to use both of them. Babies do not get confused.

## 1 Year Check-Up

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Remember to record your baby's measurements, lead and hemoglobin levels on page 130.

### **Your health care provider may talk with you about:**



- ☐ Ear infections.
- ☐ Your baby's daily routine.
- ☐ Using whole cow's milk.
- ☐ Constipation.
- ☐ Your baby's weight gain.
- ☐ Keeping your baby away from tobacco smoke.
- ☐ Preventing injuries.
- ☐ Car seats.
- ☐ Doing a blood test to check for:
  - risk of lead exposure
  - to see if your baby needs extra iron.
- ☐ Immunizations.

### Questions some parents ask:

- How do I help my baby learn new words?
- What should I know about setting limits with my baby?
- What changes can I expect in my baby during the next two months?
- How much longer should my baby face rearward in the car seat?
- Your questions:

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## 15 months

Your baby is now a toddler! She is growing by leaps and bounds and her behavior may become much more demanding. Your child may have begun to say a few words. Although, at this age, her understanding of language will go beyond her ability to speak. Her interest in the world has intensified and she has become an active explorer. Play takes the shape of discovery and experimentation. Every nook and cranny of the house provides an opportunity for exploration, especially for your mobile child who may be walking.

You want to encourage these skills while at the same time keep your child safe. This can be challenging. With new developments and behaviors come new questions about discipline. Parenting strategies need to be revisited to meet the new demands of the toddler. At this age, try to limit battles for control to the ones that really matter (such as those concerning safety).

At fifteen months, your child is striving for independence. At the same time, she is also very dependent. As your child practices her new abilities, she needs reassurance that you are still there for her. At fifteen months, the relationships between your child and family may be shifting. Your child may be more interested in siblings. The opportunity to begin playing with other children or attending a playgroup may be a next step.<sup>22, 23</sup>

At 15 months:

<b>Your Toddler May:</b>	<b>What You Can Do:</b>
Eat with a spoon	Be prepared for lots of mess — use a big bib and put something on the floor to catch spills.
Turn the pages of a book	Try to read to your child everyday.
Like to pull or push toys	Let your child push the stroller.
Begin to watch other children	Try to find a small playgroup if your child is not in child care.
Mark paper with crayons	Give your child large crayons and paper to draw on in a safe place (such as a highchair) so you can keep an eye on him.
Want to climb	Always supervise your child.
Climb out of his safety seat	Be consistent — buckle him for every ride and yourself, too.
Copy the behavior of other children and adults	Give him things that he can use to copy you, like a comb or a toy telephone.
Understand easy requests	Give your child simple directions to follow — put your hat on, find your ball.
Make sounds that mimic real speech	Respond to your child's sounds. This will let him know how important talking is.



### **Health and Safety Tips:**

- Use door locks so he cannot leave the house alone.
- Keep the car seat facing backwards. This is safer for your toddler.

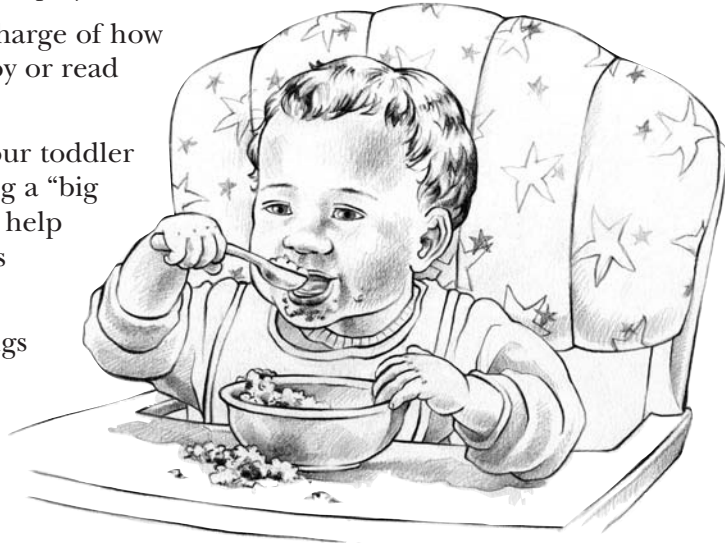
## Becoming Independent

Your baby is on the road to becoming more independent. He can and wants to do things for himself. This is a time when he may say “no” a lot.

While it is exciting to see your toddler want to do so many new things for himself, it can be frustrating too. Toddlers do things at their own pace and may get upset when things do not go their way. Your toddler may act very grown up one minute and then crawl up on your lap the next. He may surprise you by getting whinny and clingy like a small baby at times. Sometimes he just needs to make sure you are still there for him. The push between dependence and independence can be confusing. Many parents find that it takes a sense of humor to get through this time.

### Ways to help your toddler become independent:

- Let him make simple choices when you can.
- Ask questions with a choice. “Would you like a banana or an apple?”
- Find a safe place in your home where your toddler has the freedom to move around and play.
- Let him be in charge of how to play with a toy or read a book.
- Find ways for your toddler to practice being a “big boy”. Have him help you with various tasks.
- Let him do things at his own pace and tell him what a great job he is doing.



## 15 Month Check-Up

Remember to record your child's measurements on page 130.

### Your health care provider may talk with you about:

- ☐ Reading to your child.
- ☐ What you can expect your child to be able to do.
- ☐ Showing your child how to solve problems without hitting.
- ☐ Joining a playgroup.
- ☐ Immunizations.



### Questions some parents ask:

- What should I do when my child says “no”?
- When can I teach my child to use the toilet?
- What can I do if my child is constipated?
- What changes can I expect in my child during the next two months?
- Your questions:

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## 18 months

Your child is really on the move! The rapid learning that accompanies your 18-month-old is amazing. Your child's ability to think has now reached a new level. She may use a few words regularly but her understanding of language continues to go beyond her ability to speak. She is now more social. Although she is still strongly tied to caregivers, she is more willing to reach out to others. A playgroup could provide the perfect opportunity to connect your child with other children.

The period between 18 months and two years is an important time to be extremely watchful of your child to prevent injury. You need to keep her safe. However, at this age, every limit can be a challenge to your child's independence and can lead to tantrums. <sup>24, 25</sup>



At 18 months:

<b>Your Toddler May:</b>	<b>What You Can Do:</b>
Say 15 to 20 words and may use two words together	Provide names and descriptions for things while you talk. Your toddler is listening very closely.
Bounce, throw and catch	Give her a large, soft ball.
Give hugs and kisses	Find ways to give your toddler lots of cuddle time.
Like to fill and dump	Do simple chores together. Help her put clothes or soft toys in a basket.
Show you something new that she found (a rock, a flower)	Share her joy and wonder in new things. Have fun together.
Help put on clothing	Allow her to help with getting dressed.



### **Health and Safety Tips:**

- Your toddler has lots of new skills and wants to be independent. She does not know about dangers yet. She will need very close supervision.
- Running and walking are very important skills for your toddler. She may walk and run away from you without realizing the dangers. Watch her very carefully when you are in a public place or near a street.
- This is also a good time to begin teaching her healthy habits such as washing hands, covering her face when coughing and using tissues for runny noses.
- Check the temperature of your hot water. Hot water heaters should be set at 120°F to prevent scald burns from excessively hot water. Always hand-test your hot water temperature before bathing your child.

## Discipline: Helping Your Toddler Learn Self Control

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Discipline is about teaching, not about punishment. The goal is for your child to learn to set her own limits. Each time you feel you need to discipline your child, you will have the chance to teach her the difference between what she can do and what she cannot. For instance, after the behavior you need to stop, find a way to have a time-out or a hug in a rocking chair to break the cycle. Hold her and say: “I love you but not what you are doing. I’ll have to stop you until you learn to stop yourself.” Toddlers are slowly beginning to develop memory and can forget often. She will need lots of practice and time to learn about rules.<sup>26</sup>

### Temper Tantrums

Most children are bound to have temper tantrums sometime in the second year. They may be quite embarrassing to parents. The child’s inner struggle between dependence and independence is the reason for tantrums rather than a parent’s actions. Support, but not interference, is the way to help your child. After she has learned to handle this struggle, she’ll be a stronger and more secure child. Here are some guidelines to help you through a tantrum:<sup>27, 28</sup>

- Try to be calm and speak quietly to her. If you are loud, she will get louder.
- Move your child to a quiet and safe place that is more comfortable for you both, like her crib, or the carpeted floor of a non-moving car, if you are away from home.
- Try to ignore the behavior. If you speak or look at her she will likely keep going.
- When she is done, let her know you love her.
- Anticipate when your child might have a tantrum and find ways to change activities before it happens: go for a walk, move to another room, do a favorite activity.

- After you have been away from your child all day, you look forward to relaxing and enjoying your child. However, after a day in child care, your toddler may be whiney and cranky. Your child saves her worst behavior for you because you are a safe person for her.
- Have a plan for yourself for the times when you may not be able to calm your baby and may be feeling very stressed. This plan could help you to control your responses to your child and may include requesting help from a trusted friend, partner, your home visitor, health care provider, or the Parents Assistance Line: **1-800-PARENTS (1-800-727-3687)**.

## 18 Month Check-Up

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Remember to record your child's measurements on page 131.

### Your health care provider may talk with you about:

- Checking the car seat for correct fit.
- Letting your child make choices.
- How to redirect or distract your child when she seems angry or disappointed.
- Naps.
- Feeding your child healthy foods.
- Immunizations.



### Questions some parents ask:

- Is it normal for my child not to share toys?
- How do I set rules that are right for my child?
- How do I stop fighting with my child?
- What do I do when my child cannot do something she wants and gets frustrated?
- How can I play with my child?
- Is my child getting enough to eat?
- What changes can I expect in my child in the months to come?
- Your questions:

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## 2 years

Your child is now 2 years old. He is entering a whole new world of imagination and pretend play. The independence and willfulness of your 2 year old is probably very apparent at this time. Conflicts with parents may occur with feeding, going to bed, or getting dressed. At the same time, his need for independence must be supported. Parents can use their child's ability to understand and talk to their child as they manage the routines and challenges that may occur.

Two years olds can have quick shifts of mood. Providing firm and comforting support when your child loses control can help him gain self control. This is also a time when your child may have more interaction with other children and aggressive incidents may occur. Children usually learn from the consequences of having their aggressive acts returned with aggression by other children. You can help by letting your child know how you expect him to behave. Toddlers generally play side by side and may have difficulty sharing. Remember that these are all normal parts of your child's development. <sup>29, 30</sup>

At 2 years:

<b>Your Toddler May:</b>	<b>What You Can Do:</b>
Enjoy running and kick a ball	Play chasing games. Blow bubbles for your toddler to chase and pop. Kick a ball around with him.
Want to read the same story again and again	Read to him as long as you can. Attend story time at the library.
Want to do more things without help	Give your toddler a chance to complete a hard task without help. Be ready to help before he gets too frustrated. Praise his efforts.
Become frustrated when he cannot do something	Let him know you understand how he feels. Give him words for his feelings — like sad, angry, happy, love. Help him move to a different activity where you know he can be successful.
Make a tower with his blocks	Provide a variety of toys to experiment with. He likes to make things happen with his toys.
Pretend play	Make believe games help your child develop social and thinking skills. You can pretend to cook with pots and pans or use old clothes for dress-up.
Use two to four word sentences	Toddlers use words to tell stories about what they see. Try to talk with him about what he is telling you.
Understand big and little	Play games with your child — stretching tall like a giant and curling up like a baby.

Comfort a baby or a friend when they are crying	Be considerate of the feelings of other people. Your toddler learns how to treat others by watching you.
Brush teeth or dress himself with help	Build his self-esteem by letting him do things for himself.



### Health and Safety Tips:

- Be alert for lead hazards. Refer to chapter 8, p. 186, for more information.
- If your child is around older children and their toys — keep a look out for choking hazards.
- Check the seat belt regularly to make sure the car seat is secure.

## Learning to Use the Toilet

How do I know if my child is ready for toilet training?

Sooner or later your child will be ready to use the toilet. It will be easier if you wait for him to be ready. You can watch for signs that it might be a good time to try.

Your child:

- Stays dry for at least two hours at a time, or wakes up dry after naps.
- Follows simple directions.
- Has bowel movements around the same time each day.
- Lets you know by words or sounds that he is about to have a bowel movement.
- Is uncomfortable in dirty diapers.
- Can pull his pants up and down.
- Shows an interest.

### How to begin:

Learning to use the toilet is something your child will do when he is ready. Talk with your health care provider or other parents for help. There are also books and videos for you and your child to watch. You can try to make it fun for both of you — read a book, get fun underwear, play games.

Make hand washing part of the toilet routine. This is a skill he may accomplish successfully before he learns to use the toilet.

Toilet training can be slow. Many children are not ready until age 2 years or older. Since your child wants to be independent at this time, it will work best if you let him set the pace. If you both have given it a good try and it is not working, stop and try at a later date.





## 24 Month Check-Up

Remember to record your child's measurements on page 131.

### Your health care provider may talk with you about:



- ☐ Language development.
- ☐ Vision and hearing.
- ☐ Switching your child from whole to low fat milk.
- ☐ Masturbation.
- ☐ Choosing and limiting appropriate television shows, movies, and games.
- ☐ Your family's health habits.
- ☐ A first visit to the dentist.
- ☐ Immunizations.

### Questions some parents ask:

- How can I get my child to listen to me?
- What can I do when my child is having a tantrum?
- What do I do when my child has nightmares?
- How can I get my child to eat?
- Is my child ready to use the toilet?
- What changes can I expect in my child in the months to come?
- Your questions:

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## 3 years

At 3 years, your child’s ability to use language is exploding. She is now using language to organize her world. Your child learns by example and will copy the way you use language. Reading is a fun way to spend time with her and will increase her understanding and use of language.

Children at 3 years of age are more social. Conflicts with parents may have decreased at this time. Your child is better able to handle separations from you. She is much more capable of and wants to interact with other children. At 3 years of age, parents may begin to have questions about pre-school programs. The emphasis of pre-school programs should be on play. Children learn about the world through play. At 3 years: <sup>31, 32</sup>

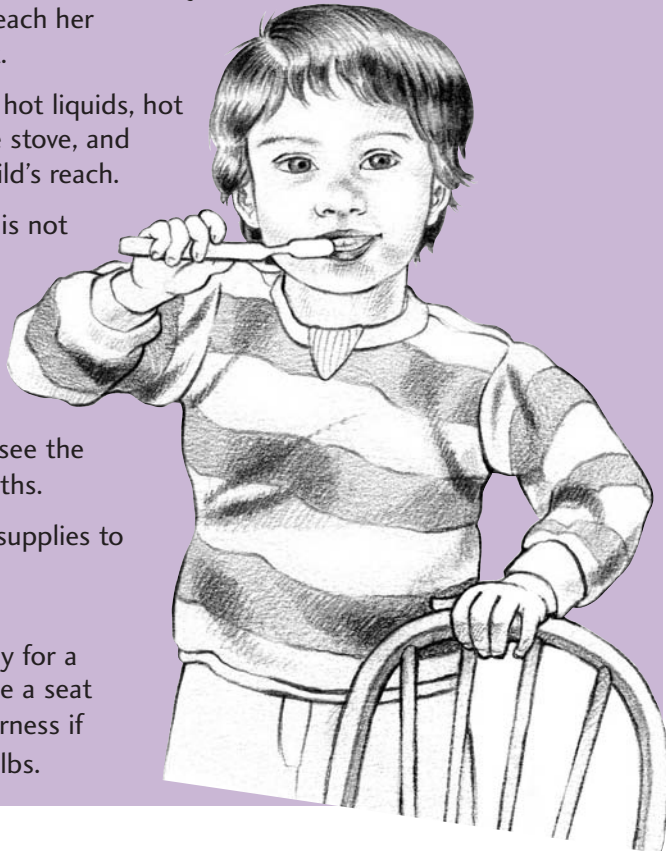
Your Child May:	What You Can Do:
Understand what the number one means	Provide ways for your child to count one thing. She can help set the table by giving one napkin to each person, or count out one cookie for each friend.
Have three to five word sentences	Give your child time to tell you about what she sees, thinks and feels. Ask her questions about it — “how she felt” or “what she liked?”
Enjoy talking about pictures in books	Find books with pictures of things she knows and books that ask your child to do something — like touch, smell, open flaps, or pull a tab.

Ask “why” and talk a lot	Give simple answers adding more information as needed.
Like to laugh at silly things	Read books with funny rhymes and tell silly stories. Your child is developing a sense of humor — a sign of her thinking skills.
Want to help you more	Encourage her to help set the table or pour juice from a small container. Your child wants to do more grown-up things.
Dress herself on her own	Encourage your child to dress herself and praise her when she does.
Explore her body	Give her the names for body parts. This is normal. Children are very curious about their bodies and the differences between boys and girls.
Listen to music and respond	Sing songs and dance with your child. Play simple instruments.
Pedal a tricycle	Go for a slow walk with your child while she rides her bike.
Still have tantrums or periods of frustration	Continue setting clear, consistent limits, soothing your child and changing the setting. It may help to intervene before the frustration builds. Anticipate difficult situations that tend to cause problems and intervene early.
Fight with other children over toys	Try to let children work it out by themselves. Children may find it difficult to share.



## Health and Safety Tips:

- Remind your child to wash her hands before she eats and after she uses the toilet or wipes her nose.
- As your child learns how to ride a bicycle, it is a good time to teach her to wear a bike helmet.
- Keep containers with hot liquids, hot pots and pans on the stove, and knives out of your child's reach.
- Make sure your child is not alone when she is in the bathtub, car, house or yard.
- Have your child brush his teeth regularly and take him to see the dentist every six months.
- Check art and crafts supplies to make sure they are non-toxic.
- Your child is not ready for a booster seat at 3. Use a seat with a high weight harness if your child is over 40 lbs.



## Pretend Play

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Your child's play is changing in very important ways. She is developing a new kind of thinking — imagination — which allows your child to become what she cannot be in real life. She may pretend to be a parent, a cat, a police officer or a baby. She can imagine that a shoe is a car, a telephone, or a bottle. Pretend play helps your child understand what is happening around her and helps her sort out experiences and feel safe. Imaginary friends give some children a safe way to try out what they want to do. Imaginary friends and stories are normal at this age.

### Pretend play helps children learn:

- How to play with others.
- What the world of grown-ups is like.
- How to deal with scary feelings.
- New words and expressions.
- Thinking skills like planning, solving a problem and memory.

### Ways you can help your child play pretend:

- Pretend with your child. You can be whatever she wants you to be. But let her be in charge.
- You can help her by asking a question that helps her think and plan. “What should I be?” “What will we do next?”
- Help your child deal with her scary feelings or problems. You can pretend play a situation that your child is worried about — like going to the doctor or having a new baby sitter. This will give your child time to practice and learn what to expect.
- Provide a variety of materials, such as play dough, dress up clothes, dolls, stuffed animals, action figures, dishes, telephones, cars and trucks, blocks, books, and more.
- Create art projects with your child. Have her tell stories about them.

### 3 Year Check-Up

Remember to record your child's measurements on page 132.

#### Your health care provider may talk with you about:

- ☐ Toilet training.
- ☐ Giving your child some choices and control.
- ☐ Choosing a preschool program.
- ☐ Your child's speech.
- ☐ Changes or stresses in your family.
- ☐ Increasing the dosage of your child's fluoride supplement.
- ☐ Immunizations.



#### Questions some parents ask:

- Is it okay if my child enjoys playing indoors more than outdoors?
- How can I increase my child's physical activity?
- What can I do about my child's fears?
- Is it okay for my child to masturbate?
- How can I make sure my child is safe and stimulated in child care?
- What changes can I expect in my child in the months to come?
- Your questions:

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## 4 years

Your child is now able to express more complicated ideas through his words. With this ability comes a feeling of control and mastery. Your child realizes that using words can make things happen. He can look for solutions to problems. He is also beginning to develop an ability to decide between right and wrong.

Although your child's new abilities bring greater independence, his awareness of his capabilities can raise new fears. He is aware of his limitations and that he is a small part of a much larger world. The pull between dependence and wanting to master the world can be strong at this time. Pretend play and fantasy are still important ways for your child to work out these conflicts.

Your child's increased ability to think and use language make pretend play and fantasies more complex, which can also lead to fears and bad dreams. This is a time when your child also becomes aware of aggressive feelings that he may not be able to control. Your child needs your help to accept them and to eventually know the difference between feeling an emotion and acting on it. Another important awareness includes feelings about being a boy or a girl. Your child is now very aware of differences. Gender specific play may be common.<sup>33, 34</sup>

At 4 years:

<b>Your Child May:</b>	<b>What You Can Do:</b>
Understand that other people have feelings too	Help your child talk about his feelings.
Become angry with friends	Show your child safe ways he can deal with his anger. Let him talk to you about why he is angry.
Test limits	Calmly explain limits and what will happen if your child does not follow them. Choose consequences that fit the misbehavior, then follow through.
Make up rhymes and play or listen to music	Sing or read short silly poems and make up rhyming games.
Understand that words in a book tell you what to read	Run your finger along the words as you read. Help your child write his own "book". Have him draw a picture and tell a story about it. You can write his story down in his own words.
Have questions about where babies come from or why boys and girls are different	Provide answers that are short and simple. If he starts to play or turn away, you have probably told him enough for now.
Make friends	If your child is not in child care or another group situation, this would be a good time for him to join a play-group or nursery school program.
Draw or paint pictures	Give him paper and crayons or markers to practice drawing. He may also like water colors or finger paints.





## Health and Safety Tips:

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- Talk to your child about protecting himself. He should never go anywhere with strangers. He should tell you if anyone touches him in an uncomfortable way.
- Keep matches, lighters, and alcohol out of your child's sight and reach.
- Children still need to be supervised near streets and driveways. They are not able to predict what situations are dangerous.
- Use a high weight harness seat or a booster seat when your child is 4 years old and 40 pounds. Booster seats need both lap and shoulder belts.

## Television

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Television can be a strong attraction for children at this age. Left on their own, children may turn the TV on any time they are at home. This is a good time to begin to limit your child's television time before he gets into the habit of watching a lot of TV. Even if your child has already developed the TV habit, it will be easier to change it now than later on.

### Reasons To Limit Television and Video Games:

- Children at this age learn from watching and imitating what adults do. They will also imitate the role models they see on TV.
- Many children have fears at this age and TV can make them worse. Children under the age of 7 often don't know the difference between what is pretend and what is real.
- Television violence can be shown as fun and entertaining. Children learn violent behaviors from seeing them and believing that they are OK. They may learn that violence is a way to solve problems.

- Some television programs (even programming meant for children) can expose your child to sexuality at a time when they are not ready.
- Too much television keeps your child from doing activities that help him interact with the world and learn.
- Many commercials are directed at your child. He may want the item advertised in the commercial.

#### Ways You Can Limit TV:

- Decide ahead of time how much TV he can watch each day and let him choose what to watch from appropriate children's programs. If he asks to watch more, gently remind him that he has already watched the programs you agreed on.
- Select non-violent programs, videos and video games.
- Watch TV together and talk with your child about anything he saw that concerns him.
- If you need time to yourself when you first come home from work, make that time your child's TV time and check to make sure he is watching a good program.
- If you are busy with dinner, ask your child to help.
- Turn off the TV and suggest a physical activity or listen to music, tapes or books on tape instead.
- Find ways for your child to be active during the day. Join a playgroup or preschool program. Go to a library or a park.
- Remember that you are a role model for your child. Try to limit your own TV viewing.

#### 4 Year Check-Up

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Remember to record your child's measurements on page 132.

### **Your health care provider may talk about:**

- ☐ Being ready for school.
- ☐ Teaching your child about strangers.
- ☐ How well people understand your child's speech.
- ☐ Regular dental care and fluoride supplements.
- ☐ What your child likes to do.
- ☐ Immunizations.
- ☐ Booster seats.



### **Questions some parents ask:**

- How can I get my child to stop using bad words?
- Is it okay to let my child play at someone else's house?
- What should I do if my child sucks his thumb?
- How much TV should I let my child watch?
- What changes can I expect in my child in the months to come?
- Your questions:

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## 5 years

The individual temperament and personality of a 5 year old shines through. Your child may be quiet and watchful or exuberant and outgoing. Every child is different. Your child needs you to accept her for who she is and help her to use her strengths to engage with the world. As a parent, you can help her feel good about herself by appreciating her style.

At 5 years of age, your child's new ability to be compassionate with others can help her control her behavior. But, age 5 can also be an age when children tease one another. The distress children feel when they are teased can be equally hard for parents. At this time, one of the best ways to help may be simply listening and understanding your child's pain.

At this time, nightmares may be a common occurrence and can act as an outlet for aggressive feelings. Stealing and lying may also occur at the age of 5. This can be very upsetting for everyone involved. Parental support, in addition to firm limits, can help a child take responsibility for her actions.

Play is a child's work. It offers a way to try out things as well as new roles and a way to learn limits. The use of fantasy lessens as your child begins to understand the realities of the world. Playing school seems to be a frequent game. Playing doctor is also a common game and it provides a way to safely exploring gender differences. Your child's interest in gender is at a peak at age 5. Questions about sexual differences are common and natural. Children may be interested in becoming just like one of their parents.<sup>35, 36</sup>

At 5 years:

<b>Your Child May:</b>	<b>What You Can Do:</b>
Know her address and phone number	Teach your child how to dial the phone in case of an emergency.
Play simple board games	Have a family game night and let your child choose the game. Games give your child practice with taking turns, counting, naming colors and following directions.
Recognize some letters and numbers	Point out street signs, food labels and other signs you see every day.
Skip, skate, jump rope, catch a ball	Encourage outdoor activities.
Want to play with her friends more than by herself	Make time for her to get together with a favorite friend.
Write some letters from her name	Encourage her to print her name on her clothing and on her artwork.
Know different names for coins	Give her a bank or a jar to hold her change. Have her separate the coins so you can count them for her.
Engage in a conversation	Spend time talking together during daily activities.



## Health and Safety Tips:

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- Try to make sure your child gets enough sleep. Most children this age need 10 to 12 hours of sleep. Plan a regular bedtime.
- Make sure your child is supervised before and after school. Children this age are too young to be left alone.
- Teach your child about how to be safe around people they do not know.
- If you own guns, find a locked place to store them. Make sure that guns are kept unloaded. Store ammunition separately and locked safely away.
- Make sure your child has a car seat or booster seat for every ride.

## Getting Ready For School

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You have been working on getting your child ready for school for the past 5 years! Being ready for school means more than knowing your numbers and letters. Children need to feel good about themselves, their abilities, and being with others.

Parents need to get ready too. Many parents have concerns about how their child will do in school, whether the teacher will like their child or how much they will miss her. You may feel happy and sad on the first day of school.

**Before the big day, you may want to:**

- Find out about school registration in your town by calling your local school district.
- Visit the school with your child. Ask about open houses and special events for new students.
- Arrange a play date with another child who will be in her kindergarten class.

- Make sure bed time is early enough so that she can get up on time.
- Leave some extra time on those first few days so that you have enough time to get ready and for extra needed hugs.
- Help your child think about what kindergarten will be like. Read books about going to school.

#### After the first day:

- If you have a question or concern, schedule a brief meeting or phone call with your child's teacher. It will let the teacher know you are interested in your child's progress.
- If your child is having some difficulty getting used to school, talk with her about what is going on.
- If you are missing her, find someone to talk to who will understand — perhaps a friend or another parent in the same situation.
- Let your child know how proud you are of her. It will help her feel confident about herself.
- Spend time playing with her after school or in the evening. She may be missing time with you.
- Attend parent/teacher conferences and family meetings.

## 5 Year Check-Up

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Remember to record your child's measurements on page 133.

### **Your health care provider may talk about:**

- ☐ How your child is growing.
- ☐ Concerns about your child's safety.
- ☐ Using a booster seat in the car.
- ☐ What happens in your family when there are disagreements.
- ☐ Immunizations.



### **Questions some parents ask:**

- How can I help my child when she starts school?
- How much sleep should my child be getting?
- What chores can I give my child to do at home?
- What changes can I expect in my child in the months to come?
- Your questions:

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## Well Child Visits

Record your child's height, weight and immunization information here. Refer to the chart at the end of this section to record your child's immunization history.

### 1 to 2 Weeks

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

## 2 Months

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

## 4 Months:

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

**6 Months:**

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

**9 Months:**

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

## 12 Months:

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Lead \_\_\_\_\_ Hemoglobin \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

## 15 Months:

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

**18 Months:**

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

**2 Years:**

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Head Size \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

### 3 Years:

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

### 4 Years:

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

## 5 Years:

Date of Visit \_\_\_\_\_ Age \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Things to remember:

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Next Well-Child Visit \_\_\_\_\_

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## Footnotes

- <sup>1</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference. Your Child's Emotional and Behavioral Development*. Reading, MA: Perseus Press.
- <sup>2</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual. Anticipatory Guidance*. Boston, MA: Brazelton Touchpoints Center
- <sup>3</sup> Brazelton Touchpoints Center (2000) *Touchpoints Community Level Training Manual*.
- <sup>4</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>5</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>6</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>7</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>8</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>9</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>10</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>11</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>12</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>13</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>14</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>15</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>16</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>17</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>18</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>19</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>20</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>21</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>22</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>23</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>24</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>25</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>26</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>27</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>28</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>29</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>30</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>31</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>32</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>33</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>34</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.
- <sup>35</sup> Brazelton TB. (1992) *Touchpoints: The Essential Reference*.
- <sup>36</sup> Brazelton Touchpoints Center. (2000) *Touchpoints Community Level Training Manual*.





Staying Healthy



# Caring For Your Sick Child

## When To Call Your Child's Health Care Provider

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You know your child better than anyone else. If you think your child is sick, call your health care provider.

Get medical help immediately if your child has any of the following:

- A baby less than 2 months of age has a temperature of 100.4°F, using any method of taking temperature (refer to p 137.)
- A temperature of 104°F (oral) or higher in a child any age.
- For infants under 2 months, forceful vomiting with every feeding.
- Looking or acting very ill and getting worse quickly.
- Neck pain when the child's head is moved or touched.
- A stiff neck or severe headache and looking very sick.
- A seizure for the first time.
- Acting unusually confused.
- Pupils (black centers of the eyes) are unequal.
- A blood-red or purple rash made up of pinhead sized spots or bruises that are not associated with injury.
- A rash of hives or welts that appears and spreads quickly.

- Breathing so fast or so hard that the child cannot play, talk, cry or drink.
- A severe stomachache that causes the child to double up and scream.
- A stomachache without vomiting or diarrhea after a recent injury, blow to the abdomen or hard fall.
- Stools that are black or have blood mixed through them.
- Not urinating at least once in eight hours, a dry mouth, no tears or sunken eyes.
- Continuous clear drainage from the nose after a hard blow to the head.



### Emergency Guidelines

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Always call your health care provider if you are worried, even at night or on weekends.

- If you think your child needs to be seen right away, call your health care provider. They will tell you where to take your child. If you do not call first, you may be asked to pay for all services at a hospital emergency room.

- If you do use the hospital emergency room:

Be prepared to wait.

Know if your insurance plan will cover this type of visit and whether or not a referral is needed for coverage.



## Taking a Temperature

You should use a digital baby thermometer with a replaceable battery. Do not use one with liquid mercury. Please note that a digital fever thermometer contains a button cell battery which contains a very small amount of mercury and should be recycled. It should last for many years. Check with your health care provider about how to take your child's temperature. Never take your child's temperature right after a bath because this can affect the temperature reading. Here are some suggested guidelines:

- **In infants under 6 months.** First take the temperature under the armpit. If the temperature is higher than 99°F, then take a rectal (in the bottom) temperature only if you are comfortable with this method and your health care provider recommends it. See below for directions.
- **In children older than 2 years,** take an oral (by mouth) temperature if your child does not bite down on the thermometer. If this doesn't work take your child's temperature under the armpit or take a rectal temperature.

### Rectal Temperature

The rectal temperature is the most accurate method.

This method should only be used if you feel comfortable with it. The rectal temperature is for children up to 2 years. First dip the narrow end of a digital thermometer in petroleum jelly. Then, lay your child on your lap, with his bottom facing up. Hold the thermometer between your thumb and other fingers. Gently insert the narrow end into the rectal opening just under an inch. Only push as far as it will slide in easily. Hold the child still and press the bottom together around the thermometer. Keep the thermometer in for 2 minutes, or until the digital thermometer beeps, and do not let go.

### Armpit Temperature

The armpit temperature is the easiest way to take a temperature with an older child.

The armpit temperature is a little less accurate, but it can be easier to take. Remove your child's shirt, and insert the narrow end in the center of the armpit. Hold your child's arm and press it to his side. Keep the thermometer in place until it beeps.

### Oral temperature

When your child is old enough to keep the digital thermometer in his mouth without biting down, you can take a temperature by mouth. Digital thermometers are quick and easiest.

Make sure your child hasn't had anything cold to drink. Wait 15 minutes if she did. Place the tip under the tongue. Have your child hold the thermometer in place with her lips. Have your child breathe through her nose. If she can't breathe through her mouth, take her temperature another way.

Ear thermometers are expensive, but quick and reliable for the older child if used correctly. Carefully follow the instructions on the package. This method is not recommended for young infants.

Temperature strips that change color or give you a number when placed on the skin are not accurate.

## How To Give Medicine

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When giving medicine, be sure to:

- Check with your health care provider before giving any medicine.
- Use the right amount, or dose, at the right time. For the right dose, ask your health care provider.
- Check the date on the bottle or package. Do not use medicines after the expiration date.

- Always give all the medicine the health care provider says, even if your child seems better.
- Never call medicine “candy”.
- Be patient. Many children do not like medicine.
- Never leave medicine where your child can reach it. Keep medicine caps tightly closed.



### **Safety Tip:**

- Never give your child aspirin unless your health care provider tells you to.
- Liquid fever medications such as Tylenol, Feverall, and other acetaminophen products come in different strengths. Always read the label and use the dropper or measuring cup that came with the original package.

### **By mouth (orally)**

- Read the label carefully to find out how much and when to give the medicine.
- Measure the exact amount you need. It is best to use the measuring device that came with the original package. If the package did not come with one, use a medicine spoon or medicine dropper. You can get these at drugstores.
- If your child spits up the medicine, ask your health care provider what to do.
- If your child has trouble taking pills, crush them into little pieces, and mix them with soft food.
- Teach your child how to wash his hands. Hand washing is the most effective way to prevent the spread of disease.

### Ear drops

- Lay your child on his side and gently pull the top of his ear toward the back of his head.
- Give the exact number of drops prescribed.
- Try to keep child in the same position for a few minutes to allow the drops to flow into his ear.
- Put a small cotton ball into his ear canal so the drops will not fall out.

### Eye drops or ointment

- Lay your child on his back, put your finger below his eyes, and gently pull down the lower eyelid.
- Put the drops or ointment in the lower lid, or into the eye without touching the eye or eyelid with the dropper or tube.

### Nose drops

- Lay your child on his back.
- Put in the right number of drops.
- For nose sprays, your child can sit up or stand.

### Suppositories

Suppositories are medicines that are put in your child's bottom. Do not give your child a suppository without special instructions from your health care provider. Your health care provider may recommend use of an acetaminophen suppository (such as Tylenol or Feverall) if your child has a high fever and is vomiting.



## Allergies and Common Illnesses

An allergy is a reaction to something — like a certain food or animal hair. Common allergic reactions are:

- Runny nose
- Watery, itchy eyes
- Itchy skin rash
- Breathing problems

Some people are allergic to one or more of these things:

- Pollen from trees, weeds, and flowers
- Mold from plants, dead grass, and leaves
- Animal fur and feathers, especially from cats
- Insect venom, like bee stings
- Foods, such as eggs, nuts, chocolate, shellfish, milk, berries, peanut butter, or wheat
- Tobacco smoke
- Medicines or chemicals
- Dust mites

If you think your child may have an allergy, talk to his health care provider.

The best way to treat a mild allergy is to keep your child away from whatever causes the allergic reaction. For other allergies, your child may need to take medicine. Some children may be advised to wear a medical alert bracelet.

Some allergies can cause severe or life-threatening problems. For these allergies, your health care provider may recommend evaluation by an allergy specialist and/or may give you medicine to treat the reaction right away. Be sure to inform all caregivers about your child's allergies.



## Asthma

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Asthma is a disease of the lungs. People with asthma have very sensitive air passages in their lungs. During an asthma attack, the air passages get smaller and become swollen and filled up with mucus. It becomes hard to get air out of the lungs. This causes breathing problems. Asthma sometimes runs in families. Children whose parents have asthma have a higher risk of developing asthma than other children.

Each person may have different warning signs for asthma. These may also be signs of other breathing problems in young children. If you notice any one of these, call your health care provider:

- Unexpected shortness of breath
- Fast breathing
- Problems sleeping because of coughing
- Wheezing — a whistling sound while breathing out
- Coughing — worse at night, after exercise, in a smoky room, or in cold air
- Trouble breathing, talking, walking, or playing
- Pain or tightness in the chest

### Triggers of Asthma

Triggers are things that cause an asthma flare-up. Different people may react to different triggers.

- Cold air
- Air pollution
- Colds and flu
- Exercise

- Things the person is allergic to such as cats, dogs, birds, mites, rodents, roaches, pollen, house dust, mildew, mold, and grass.
- Things that irritate the air passages such as cigarette smoke, smoke from a wood stove, or chemicals, such as perfume.

If your child has asthma, you and your health care provider should be able to work out a plan to control it. A plan often includes both treatment and avoiding the things that cause symptoms. Your health care provider will tell you what to do. You need to tell other people who care for your child what to do also. Good asthma care may require taking medication regularly, rather than only when there is an attack.

### What You Can Do to Help Control Asthma at Home

- Make sure you have enough asthma medicine. Remind your health care provider when the prescription is running out or you have no more refills.
- Make sure that you and the others who take care of your child understand your child's Asthma Plan.
- Keep your child away from the things he is allergic to.
- Do not smoke at home or in the car.

### Ear Infections

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An ear infection can be very painful. Possible signs include: fever, headache, vomiting, crying, crankiness, pulling at her ear, holding her head or a bad-smelling discharge from her ear. If you think your child might have an ear infection, call your health care provider for an appointment. If medicine is prescribed, be sure to use it all up or follow your health care provider's advice.

## Vomiting or Stomach Ache

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- Call your doctor if your baby is under 6 months of age.
- Offer drinks that are clear like the following:
  - Oral electrolyte maintenance solutions like Pedialyte, Kao Lectrolyte, Infalyte, Rehydralyte or other oral hydration products as recommended by your health care provider.
  - Water
- Give drinks in very small amounts. Give a teaspoon of water or other clear fluid every five to 15 minutes for an hour until your child stops vomiting.
- You may want to decrease solid foods intake until the vomiting has stopped.
- If your child asks for food and they have not vomited in awhile, give them plain crackers, dry toast, or rice cereal.
- Give clear drinks for 24 hours and go slowly with solid food for the next day or so until your child is feeling better.

## Diarrhea

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Here are some things you can do:

- If your baby is under 6 months, call your health care provider.
- Offer clear drinks. See above. Avoid sweet drinks like soda, Kool Aid, and juice.
- The sugar in milk and full-strength juice can make diarrhea worse. Check with your doctor or nurse practitioner for suggestions.
- If your child acts hungry, offer crackers, rice, noodles, oatmeal, dry cereal, banana or applesauce. Avoid food that you know will give your child loose stools, such as prunes.

Some children also get diarrhea when they take some medicines or have a stomach infection. Contact your health care provider if this occurs.

## Dehydration

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Dehydration can occur when your child has severe diarrhea or vomiting. It is a loss of a large amount of body fluids (water) and can be very serious if not treated. To prevent this from happening, give your child fluids from the lists above.

Call your health care provider right away if your child has any of the following:

### Mild to Moderate Dehydration:

- Plays less than usual
- Wets fewer than three diapers in 24 hours or urinates much less than usual
- Dry mouth
- Fewer tears when crying
- Sunken soft spot on the head of an infant or toddler

### Severe Dehydration:

- Very fussy
- Very sleepy
- Sunken eyes
- Cool, discolored hands and feet
- Wrinkled skin
- Goes for several hours without urinating

## Important Medical Information

Use the following pages to write down health information about your child.  
Keep a copy of this with you so that it is available if an emergency occurs.

## Allergic Reactions

[illegible]

**Serious Illnesses**

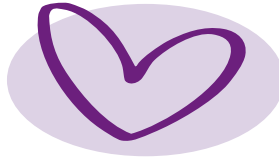
Date	Problem	Medicine or Treatment	Name of Health Care Provider or Hospital

**Chronic Medical Problems**

Date	Problem	Medicine or Treatment	Name of Health Care Provider or Hospital

## Hospitalizations

[illegible]



# Keeping Your Child Safe

## In Case of Emergency:

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For serious injury or sudden, severe illness, call **911**.

If you think your child may have swallowed something poisonous, call the toll-free Poison Center at **1-800-222-1222**. This hotline is open 24 hours a day, seven days a week, and the toll free number works anywhere in the country. Keep this number close to your telephone(s).

Try to stay calm. When you call, be prepared to give:

- Your child's age.
- Your child's weight.
- Your child's temperature.
- A description of the problem.
- The address where you are and the phone number there.
- Specific information about the poison or medicine. If you can, bring the bottle to the phone.



Do not hang up the phone first, in case more information is needed. To be prepared for an emergency, have these things together but store them out of a child's reach:

- Bandages
- Scissors
- Gauze
- Thermometer
- Cotton balls
- Tweezers
- Antiseptic spray or ointment
- Children's non-aspirin pain reliever, such as acetaminophen or ibuprofen



### **Health and Safety Tip:**

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Never give your child aspirin unless your health care provider tells you to.

## Preparing for Disasters or Emergencies

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Disasters do happen. Children can feel frightened. Parents may find themselves in situations in which they have little control. Planning in advance of a disaster for actions that you can take before, during and after a disaster, can help you be better prepared and better able to cope. This will make a difference.

### Before a Disaster or Emergency:

- Gather information about how to prepare for a disaster. See helpful resources below.
- As a family, identify and collect basic supplies needed during and after a disaster such as bottled water, non-perishable foods that do not require refrigeration or cooking, a first aid kit, medications, extra diapers (about 70 a week for a newborn), a baby blanket, a favorite toy or game, a safe place for your baby to sleep such as a portable crib, wipes, hand sanitizers and other hygiene products.
- Collect and update medical records and emergency phone numbers. Keep them nearby so you can take these with you if you need to evacuate.
- Develop a family contact plan. If family members get separated, they will know how to communicate with each other.
- Ask about school, municipality and business plans and procedures that will be used during an emergency.

### During a Disaster or Emergency:

- Keep informed about the status of the disaster by using a battery powered radio or a television if available.
- Follow the directions issued by your local and state emergency management personnel. For example, you may be required to evacuate or “shelter-in-place” (stay indoors).

### After a Disaster or Emergency:

- Drink water to stay hydrated. Eat healthy foods throughout the day.
- Rest often and avoid becoming overheated.
- Wash your hands often with soap and water or use a hand sanitizer.

### For more information:

- Vermont Emergency Management. The Family Emergency Preparedness Workbook. Call 1-800-347-0488; 1-888-545-7598 (TTY) or go to: [www.dps.state.vt.us/vem](http://www.dps.state.vt.us/vem)
- Family Readiness Overview Booklet  
[www.broward.org/disaster/epi00902.pdf](http://www.broward.org/disaster/epi00902.pdf)
- American Red Cross. Northern VT 1-800-660-9130; Central VT 802-773-9159; Southern VT 800-288-3554.
- Vermont Department of Health. Voice: 802-863-7200. In Vermont 1-800-464-4343. [www.healthvermont.gov](http://www.healthvermont.gov) “E-Ready: Emergency Preparedness”.
- March of Dimes, Vermont State Chapter. 1-800-696-9255 or visit [www.marchofdimes.com/vermont](http://www.marchofdimes.com/vermont). “Prepare for Disasters: Special Information For Families with Infants or Anyone Caring for a Newborn” and “Disaster Planning: Meeting The Special Needs of Pregnant Women & Infants – 6 Key Elements For Every Disaster Plan”.
- Federal Emergency Management Agency (FEMA): [www.fema.gov](http://www.fema.gov)
- Department of Homeland Security: [www.Ready.gov](http://www.Ready.gov)



# Preventing Injuries

## Preventing Falls

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Infants and young children are always on the move. This is how they learn about their world. It only takes a few seconds for them to get hurt. Here are some ways you can make sure your child is safe when he plays. These suggestions can also help give you some piece of mind.

### From 0 to 6 months:

- Never leave your baby alone on beds, changing tables or other high places. Your baby can wiggle and push against things with his feet soon after he is born. One day, your baby may surprise you and roll over. These actions can lead to a fall. When you cannot hold your baby, even to answer a phone call, put him in a safe place.
- Put infant seats on the floor. Babies can wiggle around in them and cause them to fall off a table or chair.
- Make sure you strap your child into high chairs, changing tables, grocery carts, and other seats that he could fall from.

### From 6 to 18 months:

- When your baby starts to crawl, he can move about very fast. You can relax if you know that your baby is safe. Put safety gates on the stairways to prevent your baby from falling down the stairs. It will also help to put safety gates on doorways or close the doors to rooms that are not safe places for your baby.
- Many children fall out of windows each year. Window screens do not protect your baby from a fall. Keep your baby safe. Lock all closed windows. If you can, open windows from the top, not the bottom. Install window guards at all windows above the first floor. Make sure they are the kind that can be opened in case of an emergency.

- Baby walkers with wheels are dangerous. More children are injured in baby walkers than any other nursery product. Your baby can tip it over or fall down the stairs. They may also be able to reach things that are not safe for them.
- Strollers can also tip over with improper use. Strollers should always have a seat belt and crotch strap securely attached to the frame. They should have brakes, and wheels that are tightly fixed and work well, and have a wide base to prevent the stroller from tipping.

Safety gates, window guards, and safety latches can be found at hardware and discount stores as well as used clothing stores. It is important to note that the older accordion-style safety gates do not meet federal safety standards because they can strangle a child. These should not be used.

## Preventing Scalds and Burns

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### In the kitchen:

- Keep hot food and drinks away from the edges of tables and counters.
- Never carry hot food and drinks near your child, or while holding him. Babies will wave their hands and can get burned.
- When cooking, keep your child away from the stove. Find a safe place for him so that he does not get under foot while you are busy.
- Turn pot handles toward the back of the stove. Use the back burners when possible.
- Always test your child's heated food or drink. If you use a microwave oven, stir the food and test it before serving. Microwaves heat unevenly.
- Never heat bottles in the microwave.

### In the bathroom:

- Set your water heater to 120°F or less. If you rent, ask your landlord to set the temperature no higher than 120°F.
- Always check the water before putting your child in the tub.

- Do not leave your child alone in the bath even for a second. She may turn on the hot water or even drown in the tub.

#### Around your home:

- To prevent electrical burns, make sure to cover all electrical outlets. Keep unused outlets blocked with plastic guards so your child cannot get an electrical burn.
- Keep children away from heaters. Never leave a child alone in a room with a space heater.



#### In Case of a Burn:

- Cool a burn by running it under cool water for 10 to 15 minutes.
- Call your health care provider.
- Do not put anything on the burn unless your health care provider tells you to.

### Protect Your Family From Fires

- Install smoke detectors outside each separate sleeping area and on every level of your home including the basement. Landlords are required by law to provide them. Check with your local fire department. Some offer free detectors and often will install them for you too.
- Make sure your smoke detectors work right. Test them on the first day of each month by pushing the test button.
- Do not take the batteries out of them.
- Put in new batteries twice a year — when you change your clock.
- A smoke detector lasts for about 10 years. At that age, it should be replaced even if it seems to be working correctly.

- Keep matches and lighters out of reach because sometimes “childproof locks” are not safe.
- Teach your child that matches and lighters are not safe for them to touch and are not toys.
- It is safer to keep bedroom doors closed when sleeping. A closed door will help hold back deadly smoke.
- Never leave burning candles unattended.

Space heaters and wood stoves can be dangerous. Avoid burns and fires by doing the following:

- Place the space heater on a firm, flat surface where it cannot tip over.
- Place fire-resistant materials all around stoves.
- Keep curtains, furniture, sheets and blankets, or anything else that can catch fire at least 3 feet away from heaters and stoves.
- Gas ovens and charcoal should not be used for heat. They can cause carbon monoxide poisoning.
- Block off your wood stove with a safety gate.

Teach your family what to do in case of a fire:

- Develop a family fire escape plan with two escape routes and practice it every six months. Choose a place outside for everyone to meet.
- Crawl on the ground. The best air is close to the ground.
- If clothes catch fire — stop, drop to the ground, cover your face, and roll to put out the flames.
- Get out of the house fast and stay out.
- Call **911** from a neighbor’s home.
- If you cannot escape, put wet towels or fabric around the doors to block off smoke, crawl to a window and yell for help.

## Preventing Choking and Strangulation

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Small things are very interesting to babies and toddlers. When a baby begins to pick up things, she will try to put everything in her mouth. It is her way to find out about her world. She cannot help herself. Do not leave small objects where she can reach them. Anything that fits inside an empty toilet paper roll is a choking hazard. Children can choke very quickly on things such as:

- Jewelry.
- Small toys or toy parts.
- Food such as peanuts, hard candy, chunks of hot dogs, raw carrots, popcorn, grapes, raisins, gum.
- Buttons, coins, safety pins.
- Rubber balloons and balloon pieces.

When eating, have your child sit down and never leave your child alone. Round, hard foods are especially dangerous to children under 4. Hot dogs are the biggest cause of children choking on food. Be sure to cut them into small pieces, not round slices. Thickly spread peanut butter can also cause choking.

**Anything that hangs can cause strangulation. Get rid of:**

- Strings, necklaces, and straps around a child's neck, especially when at the playground.
- Pacifiers attached to clothing with a strap.
- Drawstrings on hoods or around the neck.
- Electrical cords.
- Dangling cords from window shades, vertical blinds and curtains.

You can take a CPR (cardio-pulmonary resuscitation) class to be more prepared to help a child who is choking. CPR classes teach you how to save your child's life. CPR is a way to start the heart and lungs after they have stopped. Classes are available at your local YMCA, the American Red Cross, many health insurance organizations and health centers.



## Preventing Poisoning

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Young children want to try out their new skills and will go anywhere their body can take them. Anything they find will go into the mouth. Most poisonings happen to children under age 5. Children are likely to be poisoned by swallowing common things in your home such as over-the-counter drugs, prescription drugs, cosmetics, toothpaste and other personal care items, cleaners, and plants. Here are some things you can do to protect your child:

- Go through your home and get rid of or lock away anything that could be poisonous.
- Keep all medicines, cleaners, and other poisons out of sight and out of reach.
- Vitamins with iron, especially prenatal vitamins and plain iron tablets, are very poisonous for young children.
- Remember that pocketbooks may have medication in them and need to be kept out of reach.
- Keep cleaners, other poisons, and medicine in the containers they came in.
- Use safety latches on drawers and cupboards.
- Lock all poisons that are stored in the garage, especially windshield washer fluid.
- Many plants are poisonous. Keep all plants out of your child's reach. Children under 12 months often choke on them. Tell your child not to eat plants. Know the names of your plants and hang them or place them out of your child's reach.
- Keep the Poison Center's number by each telephone: **1-800-222-1222**.
- Syrup of ipecac is no longer routinely used for home treatment of accidental poisonings. You should remove and discard any ipecac from your first aid kits and/or medicine cabinets *immediately*.



### **If you think your child may have swallowed a poison:**

- 1 Look in his mouth. Remove any pills, pieces of plant, or whatever you find. Save these things for identification. Wipe his mouth out with a wet cloth.
- 2 If your child is having trouble breathing or not responding, call **911**.
- 3 Otherwise, call the Poison Center at **1-800-222-1222**. Do not give anything to drink first.
- 4 Bring the container and child to the phone when you call.
- 5 The specialist at the Poison Center will tell you what to do. The Poison Center is open 24 hours a day and is staffed by nurses and pharmacists. Interpreters are available through **911**.
- 6 Do not call your health care provider until after you call the Poison Center.



# Safety

## Traffic Safety

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### Riding in Cars:

Car safety seats can prevent injury and death in cars. The current Vermont law requires that all children under one year old and less than twenty pounds must ride rear facing and must not be placed in front of an active air bag.

- All children up to age eight must ride in an approved safety seat.
- All children age eight to sixteen must ride in a safety seat or seat belt system. The choice depends on a proper fit.

### Safety Tips:

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- The safest place for a child up to 13 years old is in the back seat. Children should never ride in seats where an air bag can open.
- Keep your baby rear-facing beyond 1 year and 20 lbs. Use a convertible seat to 30-35 lbs.
- Make sure your car seat is attached properly. It should not be able to move more than 1 inch from side to side.
- Be sure you wear your seat belt every time you ride in the car. It will not only keep you safe and keep you from injuring your child in a crash, it will set a good example for your children.

For more information visit [www.BeSeatSmart.org](http://www.BeSeatSmart.org) or call toll-free, **1-888-VMT-SEAT (1-888-868-7328)**.

## Walking

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Once your child begins to move around, you need to watch him all the time. Young children should only play in fenced areas.

- When your child is old enough, teach him to always stop at the curb, look both ways, and listen for cars before crossing the street.
- Never allow him to walk in the street.
- Make sure there are no children behind your car before you back out of a driveway.

## Bicycle Safety

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Biking is fun, but it can also be dangerous. Help your child learn safe riding habits. Make sure your child wears a bike helmet every time he rides. Look for CPSC, ASTM, SNELL, or ANSI stickers on bike helmets to make sure they meet national safety standards. A football helmet or hardhat will not work. Any helmet that is cracked, dented, broken, has missing parts, or has been in a crash is unsafe to use. A helmet must fit right and be worn correctly. Read the instructions on the box or ask the bike dealer.

- Young children should not ride in the street.
- Never let your child ride at dusk or after dark.
- Have your child wear bright or light colored clothing to make them more visible.
- Make sure your child's bike is in good working order, especially proper tire inflation and working brakes.
- Teach your child to stop, look both ways, and listen for cars when going across driveways and streets.
- Teach your child to use hand signals when turning.
- Teach your child to obey the rules of the road when they are biking.

If you want to take a young child as a passenger on your bike:

- Babies under 1 year old should never be carried on a bike. Children older than 1 should ride in rear-mounted bike seats or bike trailers. Do not let your child ride on handlebars or on the adult bike seat.
- The bike seat should have spoke guards, a high back, and a sturdy shoulder harness. Attach it securely.
- Children should not be passengers on bicycles when it is dark.
- You and your child should always wear a bicycle helmet to prevent serious head injury.

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For more information

Bike Safety, VT Department of Transportation: **1-802-828-0059**

SafeKids Vermont Coalition: **1-802-223-3701**

## Water Safety

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It only takes seconds for a young child to drown — even in just an inch or two of water. Drowning happens in all kinds of places, not just pools and beaches. Any open container of water can be dangerous to a baby or young child. Drowning happens quietly. A drowning child cannot yell for help.

- Never leave your child alone near water — a bathtub, toilet, swimming pool, or a bucket of water — even for a second.
- Empty the bathtub, bucket of water, or wading pool right after using it.
- Keep the bathroom door closed. Keep the toilet lid down.
- If you have a swimming pool, put up a four-sided fence around it, at least 5 feet high, with a self-closing, locking gate. If your neighbors have pools, tell them to put up fences and gates.

It is important for all children to learn to swim. Swimming classes are offered at many YMCAs, YWCAs, local and state beaches, health clubs or

local community centers. The recommended age to start swimming lessons is 5 years. Never let your child swim alone. Always actively supervise your child when she is around water.

## Protecting Your Child From Guns

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Children in homes with guns are more at risk of being shot by themselves, friends, or family members than of being injured by a robber or other criminal. If you choose to keep a gun:

- Keep it unloaded and in a locked place.
- Store ammunition in a separate locked place.
- Use a trigger lock.
- Always handle them safely.

If your child visits or receives child care in someone's home, ask if they have guns in their home. If so, make sure they are stored safely.

Teach your child to assume all guns are loaded and never touch a gun. Have him tell an adult right away if he sees one.

## Protecting Your Child From Violence and Abuse

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Every family member has the right to be safe. Arguments or domestic violence in the home can negatively affect a child and put the child at risk. Witnessing violence in the home can cause extreme trauma for children. Vermont law protects children from abuse and neglect. It is also up to parents to protect their child from harm. If you are concerned about your child's safety or if you think that your child may have been abused or neglected, you must call Family Services, the state's child protective services agency. Family Services can offer support and services and help to keep you and your family safe.

Department for Children and Families: **1-802-241-2131** or local Family Services office; after 4:30pm: **1-800-649-5285**.

## Playground Safety

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Taking your children to the playground is fun and good exercise. However, each year many children are injured on playgrounds seriously enough to go to the emergency room. Many injuries can be prevented. Follow these rules:

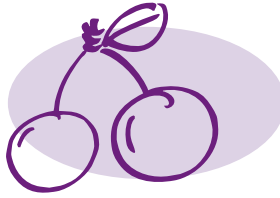
- Actively supervise children at the playground.
- Make sure children play only on equipment that's right for their age and ability.
- Check that the playground surface is soft enough to cushion falls. Look for rubber tiles, mats or 12 inches of loose mulch, sand or pea stone. The higher the equipment, the more shock-absorbing material there should be under it.
- Survey the playground for potential hazards and remove or report any you find. Include broken glass and other debris, tripping hazards, or moving equipment too close to other activities.
- Examine the equipment regularly to be sure that it is in good repair and does not have places that can strangle, trip, pinch, crush, or cut children.
- Some treated woods used in playgrounds may contain arsenic (see Healthy Environment, pg. 177)
- Make sure high platforms have a guard rail.

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### For more information

For more information about Playground Safety, contact the National Playground Safety Institute at **1-703-858-2148** or check **[www.nrpa.org](http://www.nrpa.org)**.

You can also visit the National Program for Playground Safety website at [www.uni.edu/playground](http://www.uni.edu/playground).



# Healthy Eating

## First 12 Months

Parents usually have a lot of questions about nutrition and feeding. As children develop, feeding can present new challenges. Each meal can become an opportunity for your child to demonstrate new skills and independence.

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Mealtimes with your child can push so many buttons emotionally. Parents may think they are failures at feeding their child when really they are dealing with a child who is just going through a normal developmental stage. You might feel that your child is rejecting you personally or being ‘bad’ on purpose, when actually the child is just being busy, messy, noisy, self-centered and developing normally!” This is all a normal part of “learning, exploring and testing at mealtime.”<sup>37</sup>

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<sup>37</sup> Story M, Holt K, Sofka D, eds. 2000. *Bright Futures in Practice: Nutrition*. Arlington, VA: National Center for Education in Maternal and Child Health. (p. 8)



## Birth to 6 Months... Breast Milk or Formula

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Feeding is not only important for nutrition, it is also very important for developing a healthy relationship between you and your baby. Responding to your baby's cries of hunger and holding your baby close during feeding help her develop emotionally.



During the first year, feeding your baby when she is hungry helps her develop the trust that her needs will be met. Newborns need to be fed as soon as possible when they express hunger. As they grow older and become more secure in their trust, infants can wait longer for feeding.<sup>38</sup>



The American Academy of Pediatrics recommends breastfeeding your baby for the first 12 months of life. Breast milk is 100% nutritious and is more easily digested than formula. It protects against diarrhea and infections, and babies are never allergic to it. Breast milk changes flavor with the foods you eat, and helps prepare your baby for the variety of tastes that make up your family's diet. If you do choose to feed your baby infant formula, the American Academy of Pediatrics recommends using an iron-fortified formula.

Breast milk or iron-fortified infant formula is all your baby needs until she is 4–6 months of age. At that point you can begin to add cereal to her diet. Your baby should continue to drink breast milk or iron-fortified formula until she is 1 year old. Do not feed your baby cow's milk before 1 year of age. Cow's milk does not have the iron babies need to grow.

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<sup>38</sup> *Bright Futures in Practice: Nutrition*, 2000. (p. 26)

## 4–6 Months... Getting Ready For Solids

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By 6 months, most babies will show signs that they are ready to start solid foods. Watch for these signs:

- Sits up with support.
- Holds head steady.
- Reaches for objects and holds on to them.
- Stops pushing tongue out when lips are touched.
- Opens mouth for spoon, closes mouth over spoon and begins to swallow.

### How to begin:

An iron-fortified cereal, such as rice cereal, is good to start with. To start:

- Choose a feeding time when your baby is happy.
- Some parents find it helps to begin feeding with a small amount of breast milk or formula.
- Next, feed your baby a small amount of rice cereal on a baby spoon. Begin by mixing the cereal with equal parts of breast milk or formula. As soon as your baby gets used to the consistency, you can thicken the cereal by adding less liquid.
- At first, your baby may spit the cereal out. This is normal. Keep trying a little bit at a time (1 to 2 spoonfuls at a meal). Your baby will let you know if she wants more.
- Feeding time can get very messy.



### Health and Safety Tip:

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Do not put cereal or any food in a bottle unless instructed by your health care provider. It can cause your baby's teeth to decay and your baby to gain too much weight.

## 6–8 Months... Vegetables & Fruits

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Many parents begin to offer vegetables and fruits between 6 and 8 months. Here are some suggestions.

- Offer one new vegetable or fruit a week. Watch for signs of allergies — rash, diarrhea, runny nose, wheezing, itching, or swelling of mouth, lips or tongue.
- Foods that may cause allergies include cow's milk, citrus juices and foods, egg whites, wheat products and peanut butter. Also, check your family history for hints on what your child may be allergic to.
- Start with one teaspoon of cooked, strained or pureed vegetables. Work up to soft pieces that can be eaten with a spoon or fingers.

### Drinking from a cup

At about 6 months of age, your baby can begin to learn to drink from a cup. Begin with a small amount of water, breast milk, formula, or juice. If you use juice, make sure the juice is 100% juice with vitamin C. Do not use juice drinks. You may even want to dilute juice with water. Between 6 to 8 months, limit juice to 2 to 4 ounces a day.

As your child learns to use a cup and feed herself, she may breastfeed or take the bottle less often. For more information, refer to the section on weaning in this chapter.

### Making your own baby food

Homemade baby food is less expensive than buying prepared food. To start you can puree most of the foods your family eats. Later, when she is ready for more texture, you may chop her food. Babies prefer to eat foods plain. Do not add sugar, maple syrup, honey, corn syrup, salt, pepper, herbs, spices, fats or oils.

### Keep baby food safe

- Place the food in a dish for feeding. Feeding from the jar may put germs in leftover food.
- Do not put leftover food or the used spoon back into the jar. It can cause the food to spoil.
- Cover and refrigerate what is left in the jar.
- Use the food within 2 to 3 days after opening jar.



### Health and Safety Tip:

Never give honey to a baby who is less than 1 year of age. Your baby can get very sick from the bacteria that may be in honey.

### Around 8 Months... Protein Foods

Protein foods can include meats, beans, lentils, egg yolks, yogurt, tofu, and cottage cheese.

- Offer 1 new protein food a week.
- Offer 1 teaspoon to start, increasing to 2 tablespoons twice a day.
- Start with strained mashed meats, legumes, etc.
- Wait to offer egg whites or peanut butter until 1 year. They may cause an allergic reaction in some babies.

## 9 to 12 Months Self Feeding... Finger Foods... Table Foods

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By 8 or 9 months, many babies are ready to feed themselves. Some signs of readiness include: grasps with palm, grasps with thumb and forefinger, brings hand to mouth and swallows foods other than liquids. Expect this new step to be messy and time consuming. Talk with your health care provider or WIC nutritionist if you have concerns about your baby's basic nutritional needs. Some things to keep in mind:

- Choose finger foods that won't cause choking such as: cooked macaroni or noodles; small pieces of cooked vegetable; soft, ripe fruit; small slices of cheese; small pieces of toast; dry cereal (Cheerios or Kix).
- Add food at your baby's own pace and in small amounts.
- Babies *have food preferences* and tastes will change rapidly. Keep offering foods. A food rejected one day, may be eaten another day.
- Always stay with your baby while she is eating. If your baby begins choking, stay calm and pat your baby's back lightly. If your baby chokes often, hold off on offering finger foods until she is ready.
- Be patient and let your baby get messy with the food served. Playing with food is part of the way babies learn about different foods.
- Provide foods from each of the five *Food Guide Pyramid* groups. See page 175. Select different colors, textures, and flavors.
- Babies still need to eat often (5 or 6 times a day).
- As solid foods replace some feedings, they can't replace all the nutrients provided by breast milk or iron fortified formula. Babies 9-12 months old should still be breast fed on demand or take 27-32 ounces of formula per day. Whole milk is recommended for children between the ages of 1 and 2.



### Health and Safety Tip:

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- Avoid foods that can cause choking — large chunks of food, popcorn, nuts, seeds, grapes, hot dogs, raisins, raw carrots or celery, chunky peanut butter, chips, gum, hard candy, and jelly beans.
- Remember, never leave your child alone when he is eating.



## Weaning

### Weaning Your Baby From the Breast or Bottle

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#### Weaning

Weaning is when you replace breast or bottle feeding with drinking from a cup. The decision of when to wean is up to each mother and baby. If baby is under 1 year old, breast milk or iron fortified formula should be provided in a cup or bottle.

Your child may still want to breast or bottle feed for comfort. With your help, she will soon learn other ways to comfort herself such as singing, cuddling, or reading a story. Babies have different patterns for weaning. The weaning process may slow down from time to time. This can happen if she is sick or if there has been a change in your baby's routine. If a set back to weaning happens, try not to be concerned and allow the baby to continue to breast or bottle feed a while longer.

## Breastfeeding

Many babies continue to breastfeed past age one. Weaning does not need to happen all at once. Many mothers drop one feeding at a time as more “big kid” meals are added, and continue to breastfeed two or three times a day for many months.

To begin weaning your baby, here are some suggestions:

- Start by substituting a cup for baby’s least favored feeding.
- Gradually increase cup feedings and table foods as you decrease breast feedings.
- A baby who nurses only once a day will often start to skip days here and there, which leads to a smooth weaning process.
- If you need to wean more quickly, do it gradually so that your breasts do not become overly full. Most women can fully wean over 2-3 weeks by replacing one nursing session with a cup of table foods every 3-4 days until the baby is only nursing once a day, then moving to every other day or stopping entirely.
- Your milk supply will decrease gradually. Your breasts will gradually return to their pre-pregnancy size.

## Bottle

At around 12 months of age, encourage your child to use the bottle less and the cup more. When she wants a bottle, let her have it as long as she is in your arms and fill it with water. Morning and evening bottles are often the hardest to give up. To begin weaning your child:

- Substitute baby’s least favored feeding and offer formula in a cup.
- Replace another feeding three or four days later.
- As you add more table foods and cup feedings, you may notice a decrease in formula intake.
- Gradually increase cup feedings and table foods as you decrease formula feedings.
- Keep bottles out of sight.



# Feeding Your Child

## 1 to 3 Years... Feeding Your Toddler



Parents are responsible for what the child is offered to eat and how it is presented. Children are responsible for how much food they eat and whether they eat.

— Ellyn Satter, Family Therapist and Registered Dietitian



Your toddler will be striving for independence. “The foods he likes one day may be different from the next. He may eat a lot one day and very little the next. Unlike adults, he usually eats only one or two foods at a meal. Parents often become alarmed when toddlers eating behaviors change so much, and often so suddenly.”<sup>39</sup> This worry can lead to battles around feeding. “To encourage toddlers to establish healthy eating behaviors, provide a structured but pleasant mealtime environment and serve as a role model by eating a variety of foods.”<sup>40</sup> Make sure to provide healthy meals and snacks.

### Transition: Older Baby to Toddler

Your toddler’s diet gradually becomes like the rest of the family’s. Eating with the family allows your toddler to see other family members enjoying the same foods.

Toddlers usually eat much less than before because they are growing at a slower rate. Average growth is three times greater in the first year than in the second or third years.

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<sup>39</sup> *Bright Futures in Practice: Nutrition*, 2000. (p. 60)

<sup>40</sup> *Bright Futures in Practice: Nutrition*, 2000. (p. 60)



## Growing into Mealtimes

- Expect more self-feeding.
- Mealtimes can be one of the best times to test independence.
- Try to avoid struggles about eating.
- Set aside quiet time before the meal.
- Teeth Care – clean teeth after each meal with a soft brush.  
Use only a pea-sized amount of toothpaste on your child's toothbrush. Toothpaste should only be used twice a day. If your child wants to do this himself, assist to be sure the job is thorough. Don't let your child walk around with a toothbrush in his mouth. Ask your health care provider (family doctor, nurse practitioner or clinic) about your child's first dental visit.

## Feeding Hungry Tummies

**Nutritious snacks** – Offer healthy snacks daily. Toddlers' tummies are small. Children need to eat 5-6 times a day.

**Small portions** – Give small portions (1 tablespoon) to start and let your child ask for more.

**Finger foods** – Offer a variety of small bite size pieces and foods served different ways. Try deep yellow, bright green or red veggies and different textures in a meal. Go lightly on spices and limit salty, sweet and fatty foods.

**Chewing is work** – Chewing may be hard for toddlers.

**Children eat when hungry** – Appetite is a good guide to go by.

# Food Pyramid

There is a new food guide pyramid that can help you choose foods and serving sizes that are right for you. Go to [www.MyPyramid.gov](http://www.MyPyramid.gov) to find “Steps to a Healthier You”.



## Health and Safety Tip:

The Vermont Department of Health recommends that breastfeeding women and children age 6 and younger limit their consumption of some fish caught in Vermont waters. There are harmful levels of mercury (and other contaminants) in some fish caught in Vermont waters as well as some fish you buy in the grocery store. Mercury can harm a baby since it can be passed along to the baby during pregnancy and through breastmilk. For safe eating guidelines see [www.mercvt.org](http://www.mercvt.org) or call 1-800-439-8550.

## 4 to 5 Years... Feeding Your Preschool Child

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This is a time for your child to practice good habits that you have taught him about food and eating. “As young children grow, they become less impulsive and can follow instructions. They can join in conversations during mealtimes, serve themselves, and pass food to others. Young children should be encouraged to try new foods. The goal is for children to accept a variety of healthy foods, not simply to get them to eat what is on their plates.” <sup>41</sup>



### Helpful Hints in Menu Planning

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- Refer to the Food Guide Pyramid when planning meals and include healthy foods.
- Allow your child some choices.
- Offer a variety of foods served in different ways.
- Try different textures in a meal: crisp raw vegetables; smooth cream soup; moist, tender meat for easy chewing.
- Allow your child to help make the meal such as tearing lettuce and setting the table.
- Serve a new food with an old favorite so it has “good company”.
- Children usually like food that looks “pretty”.

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<sup>41</sup> *Bright Futures in Practice: Nutrition*, 2000. (p. 60)



# Healthy Environment

Children live in a much different world today than the one we grew up in. New technologies and new chemicals introduced into our environments may put our family's health at increased risk. These toxins are found where we live, work and play - in our air, soil, buildings and water. Toxins can be most harmful to our children because they are so small and because they play where these toxins are found. Children who are exposed to these poisons may have problems with their health and ability to learn.



## Healthy Environment Checklist <sup>42</sup>

Here is a checklist to help you find out about the health risks that may be hidden in your home. If you answer yes to a question below, you can look up that toxin on the following pages for ways to protect your child.

Questions	Yes/No	Toxins
1 Was your home built before 1978?		Lead
2 Is there peeling paint?		Lead
3 Are you renovating a room?		Lead, Radon
4 Have you tested your home for radon?		Radon
5 Are children sleeping or playing in the basement?		Carbon Monoxide, Radon
6 Do you have a wood stove or fireplace?		Carbon Monoxide
7 Do you have a gas stove? Does it have a pilot light? Do you use it for additional heat?		Carbon Monoxide
8 Do you use pesticides?		Pesticides
9 Does anyone smoke in your home? In the car?		Tobacco Smoke
10 Do you use well water?		Water Pollutants, Lead, Bacteria
11 Do you use community water?		Lead
12 Do your children play on or under pressure-treated wood structures?		Arsenic

<sup>42</sup> Home Inventory Questionnaire 1999. *Kids and the Environment*. Children's Environmental Network. Washington, D.C.  
Web site: [www.cehn.org](http://www.cehn.org)



## Air and Water Pollutants; Sun Safety

### Arsenic

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Many sources of woods used for decks and playgrounds are treated with chromated copper arsenate (CCA). If not properly used, wood treated with CCA can leach arsenic which is a carcinogen. Arsenic can rub off onto hands and may come off the lumber and leach into the soil beneath. Arsenic can be found in water, too. Test your well water to be sure. (See page 185).

#### What you can do

Keep children out from under deck areas where arsenic may have leached in the past.

Have children wash their hands after playing on CCA treated playsets or decks.

Seal existing CCA treated structures every year with an oil-based stain sealant.

Never burn pressure treated lumber.

### Carbon Monoxide

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Carbon monoxide (CO) is a gas you can't see, taste or smell. Early symptoms of carbon monoxide poisoning are like having the flu, such as headaches, dizziness, nausea, and fatigue. Carbon monoxide can even lead to death. Children can be poisoned more quickly than adults.

If anyone in your household has any of these symptoms, and you think it may be carbon monoxide poisoning, leave your home immediately and get medical attention. Although it may just be a stomach virus, food poisoning, or the flu, it is important to consider whether carbon monoxide is the cause. With carbon monoxide poisoning, if one family member has one or more symptoms, others may also. Some gas companies will sell carbon monoxide detectors to their customers directly. Check with your gas company.

Carbon Monoxide Basics

Where it is found	Any fuel-burning appliance, like a heater, furnace or wood stove, can cause poisoning if it is not working right.
What you can do	<p>Install a carbon monoxide detector (that meets UL rating 2034) in your home.</p> <p>Have your heating system and any fuel burning appliance levels inspected and cleaned every year.</p>
Follow these guidelines	<p>Do not smoke tobacco inside your home — this adds to the carbon monoxide levels.</p> <p>Do not leave a car running in an attached garage.</p> <p>Do not use a gas stove or oven, or an unvented space heater (e.g. kerosene heater) to heat a room.</p> <p>Always follow manufacturers directions when using a generator.</p>

Carpets Affect Indoor Air Quality

Both new and old carpeting may affect indoor air quality. Carpets are a place where mold, dust mites, and bacteria collect, which may cause health reactions such as allergy and cold-like symptoms. Chemical vapors can be released into the air from the new carpet glues, adhesives, seam sealers and carpet pads of new carpeting. Possible health effects from chemical vapors include headaches, nausea, irritation of the eyes, nose, throat and difficulty breathing. Children and infants, due to their closeness to the carpeting, are at risk due to inhalation exposure.

Carpet Basics:

What you can do	<p>If possible, replace old carpeting with a hard, easily cleaned floor such as tile or wood. Or ask about green tag carpets and adhesives that emit low or no chemicals.</p> <p>Remove shoes before stepping on carpeted areas.</p> <p>Don't allow pets in carpeted areas.</p> <p>Use a HEPA filter in your vacuum cleaner.</p> <p>Use a low or non-solvent cleaning compounds when shampooing carpets.</p> <p>Avoid using pesticides on carpeting.</p>
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Radon

Radon is a gas you cannot see, smell or taste. Your family may be exposing themselves to radon gas in your own home without knowing it. High levels of radon have been found in every state. Breathing radon over time can cause lung cancer.

Luckily, radon is easy to detect, and homes with high levels can be fixed. The first step to check to see if you have high radon levels is to test your home.

Radon Basics

Where it is found	<p>Radon occurs naturally and can enter your home through your basement from the rocks and soil beneath. It can also enter your well water. You cannot see, taste or smell radon gas.</p>
What you can do	<p>Test the air in your home for radon levels. You can get a free kit from the Health Department <b>1-800-439-8550</b> or <b>802-863-7226</b> or check <a href="http://www.healthvermont.gov/enviro/rad/Radon.aspx">www.healthvermont.gov/enviro/rad/Radon.aspx</a>.</p>



## Tobacco Smoke

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More than 10 million children under the age of 5 are exposed to cigarette smoke in their homes. Children who live with smokers inhale many of the pollutants in smoke. Cigarette smoke contains more than 4,000 chemicals, more than 40 of which are known to cause cancer in humans and animals. Infants and children who breathe tobacco smoke are more likely to:

- Develop asthma and have more asthma attacks
- Have increased risk of Sudden Infant Death Syndrome
- Have allergies
- Have more ear infections
- Suffer from pneumonia, bronchitis and other lung diseases

### Tobacco Smoke Basics

#### What you can do

Reducing your child's health risk from tobacco smoke is simple.

Do not smoke in your home, and do not allow others to do so.

Do not smoke in your car, and do not allow your child to ride in a car with a smoker.

If you would like to stop smoking, you can ask your doctor or call **1-877-YES-QUIT (1-877-937-7848)** for help.

## Sun Safety

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Getting too much sun can be dangerous, especially for children. It can lead to serious health problems, including skin cancer. It is very important to protect children from the sun. For most people, harmful sun exposure occurs before the age of 20.

Even children with dark skin need protection. Umbrellas and shade do not give enough protection. Protect your child in other ways, too.

### Sun Safety Basics

#### What you can do

Do not use sunscreen on babies younger than 6 months old. When taking your young baby outside, be sure his skin is covered and he is wearing a hat.

Apply sunscreen when your child will be out in the sun, even in the winter. Use sunscreen with a Sun Protection Factor (SPF) of 15 to 30. Apply it evenly to all exposed skin a half-hour before going out.

Dress your child in loose-fitting clothes that cover his arms and legs.

During the hours of 10 a.m. to 3 p.m., keep your child out of the sun as much as possible. Try to find shade or use a large umbrella.

Have your child wear a wide-brimmed sun hat.

Cover up on cloudy days, too — the sun can be just as strong.

Put more sunscreen on after swimming. Sunscreen can wash off in the water.

Have plenty of juice and water for your child to drink. Babies can quickly become dehydrated in the sun.

Never leave your child alone in a car, especially if it's sunny.

### How to get more information

Environmental Working Group - lists sunscreens for best combination of safety and effectiveness. [www.ewg.org/sunscreen](http://www.ewg.org/sunscreen)

## Water Pollutants

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Water can contain pollutants that are hard to detect because they have no taste, odor or color. These pollutants can put your family's health at risk. Children can be more sensitive to unsafe water than adults because their bodies are still growing, and their immune systems are not yet fully developed.

If you have a private water supply, such as a well for your drinking water, it is your responsibility to make sure it is safe for your family. Wells are designed to provide clean and safe drinking water but they can become contaminated.

### Water Pollutants Basics

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#### Where they are found

Pollutants, such as biological and chemical contaminants, can be found in water. This could affect a child's health through their formula, drinking water, food cooked or washed in water, drinks with ice cubes, and brushing teeth. Wells that are poorly constructed or leaks from a septic system can contaminate a water supply with bacteria and viruses. These organisms can cause gastrointestinal problems, vomiting, diarrhea or dehydration in children. Nitrates, fertilizer, manure use or nearby farms can pollute water sources. High levels of nitrates in children can cause "Blue Baby Syndrome" which causes a loss of oxygen, possibly resulting in suffocation and death. Lead can also pollute well water. For information on sources of lead, see page 186.

## What you can do

Test well water for coliform bacteria every year.

Don't use contaminated water for drinking, cooking, washing produce, ice cubes, making baby formula or brushing teeth. Buy bottled water.

If your water has biological contaminants, you can boil water for 1 minute to make it biologically safe.

DO NOT boil water to reduce nitrates. Boiling will increase the concentration of nitrates.

Use water from a known safe source such as a public supply, a tested private supply, or bottled water.

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## How to get more information

Call your child's health care provider.

Contact your local Health Department office – see phone numbers on back cover of this book.

EPA Safe Drinking Water Hotline **1-800-426-4791** [www.epa.gov/safewater](http://www.epa.gov/safewater)

EPA Children's Environmental Hotline **1-877-590-KIDS**

Vermont Department of Health, Environmental Health Hotline  
**1-800-439-8550**

Vermont Department of Health Laboratory **1-800-660-9997** or  
**802-863-7335**. They can test your water.

Vermont Dept. of Environmental Conservation, Water Supply Division  
(for public water system questions) **1-800-823-6500** or **1-208-241-3400**.



# Lead, Pesticides

## Lead

Lead poisoning is caused by swallowing or breathing in lead from dust, paint, soil, water, and during renovation. It is very dangerous, especially to children under 6. It can cause permanent damage to a child's brain and kidneys. Even small amounts of lead can cause serious learning and behavior problems. A child may not look or feel sick. The only way to know if your child is exposed to lead is to have a blood test. All children should be tested at age 1 and 2.

### Childhood Lead Poisoning Basics

Where it is found	Lead paint and dust from lead paint are the major sources of lead poisoning in children. Homes built before 1978 are likely to contain lead. Soil and water may be contaminated with lead. Workers may bring lead home on their clothes. Products such as keys, children's jewelry, and fishing sinkers may contain lead.
What you can do	Keep lead away from your child. Do not let children play with metal keys. Prevent children from playing in bare soil. If your home was built before 1978, assume your home contains lead paint.
	You can help prevent lead poisoning by maintaining your home in good condition, cleaning in lead-safe ways, and eating a healthy diet.
Maintenance	<ul style="list-style-type: none"><li>■ Check for chipping, peeling, cracked, or disturbed paint.</li><li>■ Block children's access to chipping, peeling paint until it is repaired.</li><li>■ Install window well inserts to provide a smooth cleaning surface.</li></ul>

	<ul style="list-style-type: none"> <li>■ Use lead-safe work practices such as wet sanding and wet scraping.</li> <li>■ Do not use a belt sander or heat gun.</li> <li>■ Do not dry scrape or dry sand.</li> </ul>
Cleaning	<ul style="list-style-type: none"> <li>■ Use only a vacuum with a HEPA filter, and vacuum slowly.</li> <li>■ Wet mop floors instead of sweeping.</li> <li>■ Use disposable towels to wet clean window sills and other surfaces.</li> <li>■ Leave your shoes at the door to prevent tracking of lead in soil.</li> <li>■ Wash your children's toys often to remove invisible lead dust.</li> </ul>
Eat Healthy	<ul style="list-style-type: none"> <li>■ Eat at least two fruits, three vegetables, and three dairy foods daily.</li> <li>■ Plant vegetable and other food gardens in lead-free soil.</li> <li>■ Run water until cold for cooking, drinking, and making formula.</li> <li>■ Wash your children's hands often, especially before meals and naps.</li> <li>■ Serve snacks and meals to children at the table or in their highchairs.</li> </ul>

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### How to get more information

Your child's primary health care provider

Vermont Department of Health **1-800-439-8550, 802-863-7226** or **[www.healthvermont.gov/enviro/lead/lead.aspx](http://www.healthvermont.gov/enviro/lead/lead.aspx)**.

Consumer Product Safety Commission for recalled consumer products, **[www.cpsc.gov](http://www.cpsc.gov)**.

National Lead Information Center **1-800-424-LEAD (or 1-800-424-5323)** or check **[www.epa.gov/lead](http://www.epa.gov/lead)**

## Pesticides

Pesticides are used to kill insects, rodents, unwanted plants, or bacteria and viruses that can be harmful to people. Exposure to pesticides can cause many health problems, such as skin irritation and burning, nausea, vomiting, diarrhea, respiratory problems, including asthma, cancer, visual difficulties, memory and concentration problems, paralysis, convulsions and even death.

For more information on how to protect your child from poisoning, see Preventing Poisoning in Chapter 6, Keeping Your Child Safe.

### Pesticide Basics

Where it is found	Pesticides are present in foods, homes, schools, parks, work sites and some foods. The biggest threat from poisoning is if a child plays with, eats, or drinks pesticides that have not been properly stored.
What you can do	<b>Use pesticides only as a last resort and use the least toxic chemical for the job.</b>
Do household products contain pesticides?	Many household products are pesticides. All of the following common products are considered pesticides: <ul style="list-style-type: none"><li>■ Cockroach sprays and baits</li><li>■ Insect repellents for personal use.</li><li>■ Rat and other rodent poisons.</li><li>■ Flea and tick sprays, powders, and pet collars.</li><li>■ Kitchen, laundry, and bath disinfectants and sanitizers.</li><li>■ Products that kill mold and mildew.</li><li>■ Some lawn and garden products, such as weed killers.</li><li>■ Some swimming pool chemicals</li></ul>
Recommendations for preventing accidental poisoning	Always store pesticides away from children's reach, in a locked cabinet or garden shed. Child-proof safety latches may also be installed on cabinets and can be purchased at your local hardware stores.  Read the label first and follow the directions to the

letter, including all precautions and restrictions.

Before applying pesticides (indoors or outdoors), remove children and their toys as well as pets from the area and keep them away until the pesticide has dried or as long as is recommended by the label.

If your use of a pesticide is interrupted (perhaps by a phone call), properly reclose the package and be sure to leave the container out of the reach of children while you are gone.

Never transfer pesticides to other containers that children may associate with food or drink.

Never place rodent or insect baits where small children can get to them.

Use child-resistant packaging properly by closing the container tightly after use.

Alert others to the potential hazard of pesticides, especially caregivers and grandparents.

Teach children that "pesticides are poisons" -- something they should not touch.

Keep the emergency phone number 1-800-222-1222 of the Poison Control Center near your telephone.

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#### Keep food safe

You can take extra precautions to reduce the traces of pesticide residues you and your family consume in the food you buy.

Wash hands with soap and water immediately after applying pesticides, especially before eating.

Trim the fat from meat and poultry. Some pesticide residues concentrate in fat. Remove the skin from fish.

Discard the fats and oils in broths and pan drippings.



	<p>Wash &amp; scrub fruits and vegetables thoroughly under running water. Scrub them with a brush and peel them.</p> <p>Home-grown food is a way to reduce your exposure to pesticide residues, especially if you don't use a chemicals on your produce or plant on or near where pesticides are or have been used.</p>
Use other ways to control insects	<p>Cut off insect food supplies (tightly cover food containers, garbage, and compost). Don't leave food or dishes uncovered or exposed overnight.</p> <p>Cut insect access to your home (fill in cracks and holes where pests can enter the home; use screens on window &amp; doors).</p> <p>Cut off their access to water by fixing moisture problems (good ventilation, fix leaks such as sinks, pipes and washing machines).</p> <p>Stack woodpiles away from the house and off the ground.</p> <p>Clean gutters and drain spouts of leaves and twigs; keep tree branches from over-hanging your house.</p> <p>Eliminate standing water traps, such as empty pails or old tires.</p>
Store pesticides in safe places	<p>Keep pesticides out of a child's reach in a locked place.</p> <p>Keep pesticides away from food, animal feed or medical supplies.</p> <p>Store pesticides in a tightly sealed, original container and keep the original label on.</p> <p>Teach children that pesticides are poisons.</p> <p>Have the phone number of the nearest poison control center by phone (see below).</p>

### Indoor use

Follow the directions on the label and use the appropriate amount.

Remove food, pots and pans, dishes, toys, and pets from the area before application.

Wash pesticide residues from surfaces before putting food on them.

Provide adequate ventilation before returning to treated area.

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### Outdoor use

Follow the directions on the label and use the appropriate amount.

When using bug repellent, read directions first. Use just enough to cover skin or clothing. Do not use under clothing.

Never use over cuts, wounds or irritated skin. Do not apply to eyes and mouth. Apply sparingly around ears.

When using sprays, do not spray directly onto face; spray on hands, then apply to face.

Do not spray in enclosed areas. Avoid breathing a repellent spray; do not use near food.

Do not allow children to handle the products. Do not apply to children's hands. When using on children, apply to your own hands, then put on your child.

When returning indoors, wash treated skin with soap and water or bathe. Wash treated clothing before wearing again.

If you or your child shows a reaction to an insect repellent, discontinue use, wash treated skin and call the local poison control center – 1-800-222-1222. If you go to a health care provider or a medical facility, take the repellent with you.

Don't use pesticides on a windy day when they can drift.

Close windows and doors of home or car if you or a neighbor are applying pesticides outdoors where they can drift.

Don't mix or apply pesticides near a wellhead.

Don't water the area after applying the pesticide, unless the label states otherwise.

Don't apply to blooming plants and bird nests as many pesticides are toxic to bees.

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### Safe pesticide disposal

Use them up or give them to a neighbor who can use them.

Consult with your local Solid Waste District's household hazardous waste collection program to dispose of unused pesticides and their containers.

Never use an empty pesticide container for something else.

Follow label directions for disposal of empty pesticide containers.

Do not pour leftovers down the sink, toilet, sewer or street drain.

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### How to get more information

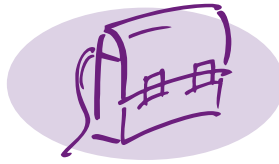
Vermont Department of Agriculture **1-802-828-2431** [www.state.vt.us/agric/](http://www.state.vt.us/agric/)

Vermont Solid Waste District **1-802-241-3464**

List of Solid Waste Districts and member towns at  
[www.anr.state.vt.us/dec/wastediv/solid/swmdlist.htm](http://www.anr.state.vt.us/dec/wastediv/solid/swmdlist.htm)

National Pesticide Information Center (NPIC) at 1-800-858-7378 or  
<http://npic.orst.edu>. Open 9:30 a.m. to 7:30 p.m.(eastern time) 7 days a week.

Poison control number **1-800-222-1222**.



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**The Children's Integrated Services Program**  
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